



Universal Health Coverage in **East africa**

Report by Medic East Africa

“Universal Health Coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship.”

World Health Organisation

Medic East Africa 

By Informa Markets

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Introduction to Universal Health Coverage in Africa

Investment in Africa's health systems is key to inclusive and sustainable growth. According to the World Bank, strong economic growth in recent years has helped reduce poverty to 43 % of the population. Yet, as Africa's population expands - it is estimated to reach 2.5 billion by 2050 - the region faces a critical challenge of creating the foundations for long-term inclusive growth.

According to World Health Organisation (WHO), worldwide, lack of affordable, quality healthcare has continued to keep many people in poverty and each year, large numbers of households are pushed into poverty because they must pay for health care out of their own pockets.

Globally, every year, about 100 million people are pushed into poverty due to catastrophic out-of-pocket expenditure on health care. In addition, about 30 % of households in Africa and Asia have to borrow money or sell their assets to pay for health care.

Many countries still contend with high levels of child and maternal mortality. The WHO estimates that every day, approximately 830 women die from preventable causes related to pregnancy and childbirth and 99 % of all maternal deaths occur in developing countries. However, in sub-Saharan Africa, a number of countries halved their levels of maternal mortality since 1990.

Malnutrition is still a very real problem in Sub-Saharan Africa. According to research published in the science journal Nature, no African country is expected to reach the UN target of ending childhood malnutrition by 2030.

In addition, most health systems are not able to deal effectively with epidemics and the growing burden of chronic diseases, such as diabetes. Research by Pastakia, Sonak D et al. highlights that the Sub-Saharan region faces unique challenges in combating the disease including lack of funding for noncommunicable diseases, lack of availability of studies and guidelines specific to the population, lack of availability of medications, differences in urban and rural patients, and inequity between public and private sector healthcare. Because of these challenges, diabetes has a greater impact on morbidity and mortality related to the disease in sub-Saharan Africa than any other region in the world.

With these challenges in mind, the WHO calls for renewed commitments and accelerated progress toward Universal Health Coverage (UHC) - the principle that everyone receives needed health services without financial hardship – and the United Nation's Sustainable Development Goal (SDG) 3.

United Nation's sustainable development goal (sdg) 3

SDG3 calls on countries to “achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

Most countries in the Eastern and Southern Africa subregion have integrated UHC as a goal in their national health strategies. Nine out of the 20 countries in the subregion are signatories to the UHC 2030 Global compact. Seven out of the 20 countries have developed consensual multisectoral UHC roadmaps in a highly participatory manner. Further, some countries have witnessed national level launches of their UHC roadmaps as well as events to mark “UHC day” with extensive media coverage.

Yet, progress in translating these commitments into expanded domestic resources for health, effective development assistance, and ultimately, an equitable and quality health service, and increased financial protection, has been slow. The low investment in health, inadequate and inequitably distributed human resources for health, fragmented health information systems, weak infrastructure and medicines stock-outs are hurdles to overcome.

There is no one-size-fits-all approach to achieving UHC - strategies will depend on local circumstance and national dialogue. Despite the great diversity of African countries, many are facing common challenges.

Private sector involvement

A report by the African Development Bank highlights that Africa’s private sector accounts for over four-fifths of the total production, two-thirds of total investment, and three-fourths of total credit to the economy and employs 90% of the working-age population.

Of the total health private providers captured expenditure of US\$16.7 billion in sub-Saharan Africa in 2005, about 50%. These statistics imply that while health may be conceived as a public good and a basic human right, its provision is currently not exclusively delivered by government. It is becoming increasingly important to involve the private sector to supplement and reinforce the services of the public sector.

The World Bank has outlined four pillars on which UHC sits: health financing, service delivery, inputs (drugs, human resources, etc.), and health-sector governance. Through its financial and innovative capacity, the private sector can play a crosscutting role in expanding the scope of all these pillars, improving the quality of care.

Opportunities for private sector growth

1. Financial protection

Risk pooling through a mix of public and private funding models, so as not to compromise on equitable models of healthcare delivery that provide both access and affordability

2. Strengthening health service delivery

Private investment in infrastructure, investment in secondary and tertiary-care provision, mobilisation of additional resources to meet needs, strong network of supply chain that guarantees effectiveness, introduction of new services and products that enable the ease of healthcare delivery, etc.

3. Inputs

Capacity-building through local manufacturing of quality and up-to-standard pharmaceutical products, trained and skilled workforce, data collection, monitoring frameworks, thus also enhancing the economic, social and health output of the continent

4. Good governance

Participatory governance with appropriate channels of accountability and regulation with representation from all aspects of the industry.

5. Fostering innovations

Enabling technology to fill health systems needs and introducing innovations that would benefit the wider populations that don’t have access to education and advanced technology.





Universal Health Coverage by country

Kenya

“Only when countries ensure equitable access to, and full utilisation of, quality healthcare services, will they be able to meet their health and development goals. We need to accelerate innovative service delivery approaches which can be scaled up for both easy and hard-to-reach populations. This will ensure everyone is getting the services they need everywhere and every time.”

Dr Humphrey Karamagi, Sustainable Development Goal Coordinator, WHO AFRO

Healthcare in numbers



49,700,000

Population



65/60 yrs

Life expectancy at birth
women/men



39/1,000 live births

Infant mortality rate



HIV/AIDS

Top cause of death in 2017



Malnutrition drives most
DALYs in 2017



2.0%

Prevalence of diabetes
in adults

Health insurance

22% All health insurance / saving products (beneficiaries as % of the population)

20% 20 % National Hospital Insurance Fund (NHIF): covers all illnesses incl. emergencies; fixed premium rates

1.5% Private insurance schemes, various packages: risk-rated contributions

0.5% Community Based Health Insurance (CHBI): covers treatment of illnesses at specific health facilities; fixed premium rates

0.5% Other local initiatives (e.g. mobile wallet), various packages: various premium models

→ Organization of national insurance: sources and expenditures of nhif

UHC in Kenya

In early 2017, WHO figures showed that almost every four out of five Kenyans had no access to medical insurance, which precluded them from being able to reach necessary healthcare services.

The National Hospital Insurance Fund (NHIF) is a government-run medical insurance service, developed with the eventual goal of offering universal healthcare for all Kenyans. All employed persons in Kenya are required to be members of the fund. The fund is the main source of medical insurance for civil servants.

In order to expand affordable healthcare coverage in Kenya, President Uhuru Muigai Kenyatta has vowed to increase cooperation between the NHIF and private insurance providers, as well as to change laws regarding such providers. The authorities are targeting 100 % coverage in 2022, up from 56 % currently, or around 25.7 million population.

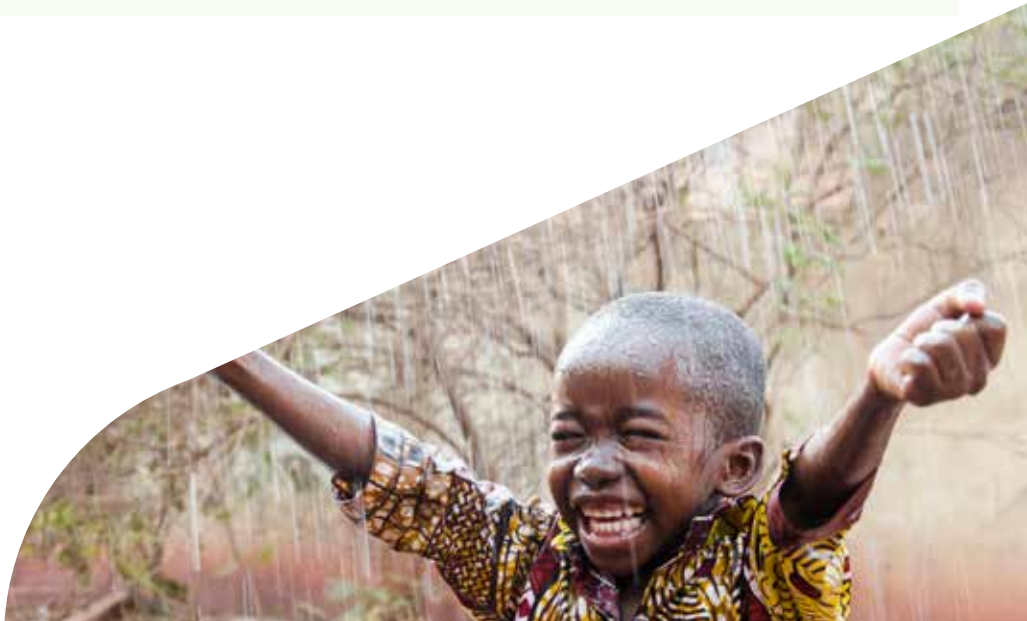
According to the Kenya Vision 2030, Universal Health Coverage (UHC) is more than just eliminating the out-of-pocket expenditure; it is also about ensuring access to quality healthcare. This means that capacity in both structural and resource must be increased to handle the needs of the population.

Health Tourism is one of Vision 2030's flagship projects that focuses on specialised medical services. As Kenya positions itself as a destination for specialised health and medical services, it means that a lot will go into providing this opportunity right from education to research and job opportunities in specialised healthcare. Giving Kenyans access to specialised medical services will also improve healthcare in the country and help us achieve UHC and increase the country's economic development.

UHC county pilot scheme

In December 2018, Kenya launched a pilot UHC scheme in four counties: Kisumu, Isiolo, Machakos and Nyeri. These four counties were chosen because collectively they have a high prevalence of communicable and non-communicable diseases, high population density, high maternal mortality, and high incidence of road traffic injuries. The pilot will reportedly cost nearly US\$ 3.9 million in the pilot stage.

This county initiative has already seen significant results in that 91 percent of residents have enrolled in the local health insurance scheme, compared to only 8.8 percent five years ago. The implementation of the scheme has also driven a growth in the number of health facilities available to residents – from 22 to 47 – and an increase in the number of health professionals working in the county.





Medic East Africa

By Informa Markets

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The 2019 edition of the show will take place from **24-26 September 2019** and will welcome 170+ exhibiting companies to showcase their latest innovations to 3,430+ healthcare and trade professionals.

Accompanying the exhibition is a number of business, leadership and Continuing Medical Education (CME) conferences and workshops providing the very latest updates and insights into cutting edge procedures, techniques and skills.

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