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

Together for a healthier world

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

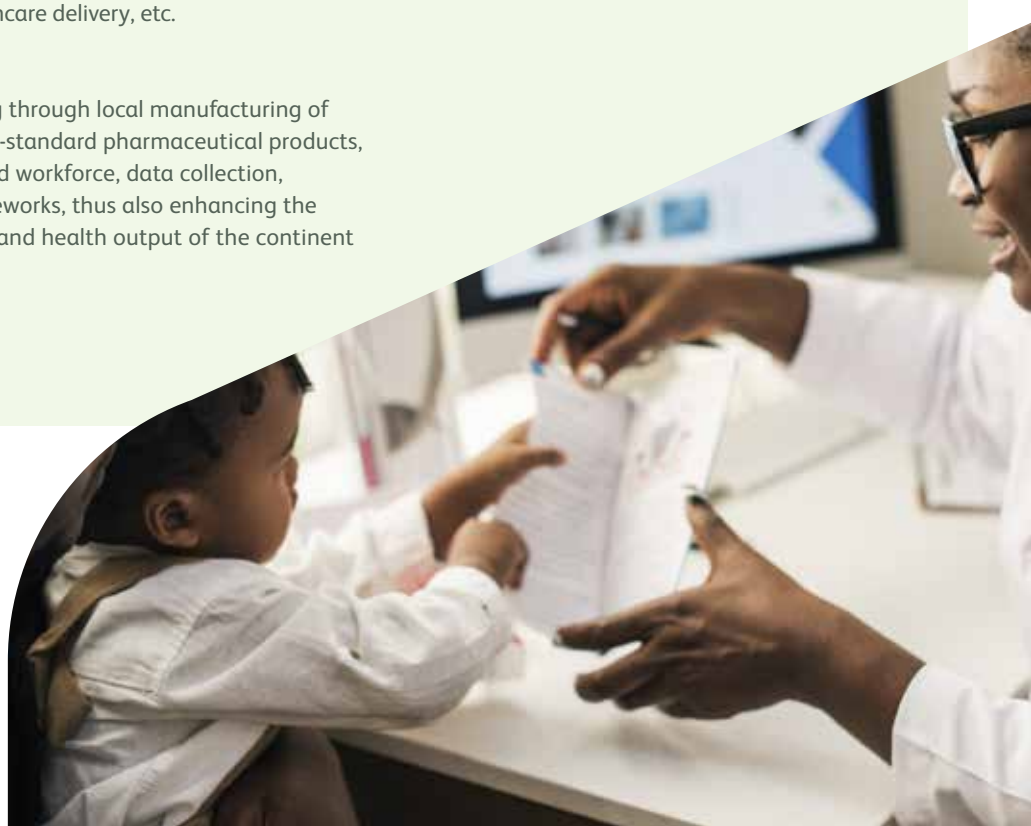
Capacity-building through local manufacturing of quality and up-to-standard pharmaceutical products, trained and skilled workforce, data collection, monitoring frameworks, thus also enhancing the economic, social and health output of the continent

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.



Source: World Economic Forum

Rwanda

Healthcare in numbers

11,331,300
Population

W 66/M 63
Life expectancy at birth women/men

Lower respiratory infections
caused most deaths in 2017

Malnutrition No.1 risk contributing to DALYs in 2017

3.4%
Prevalence of diabetes in adults

UHC in Rwanda

Rwanda is the country with the highest enrolment in health insurance in Sub-Saharan Africa. The implementation of health insurance schemes is guided by the National Health Insurance Policy (NHIP) of Rwanda.

Accordingly, the specific financing policy interventions that Rwanda implemented to expand coverage of healthcare include the following:

- Social Health Insurance (SHI)
- Community-Based Health Insurance (CBHI)
- Private Health Insurance (PHI)

Pivotal in setting Rwanda on the path to UHC is the CBHI, which covers more than three-quarters of the population. The scheme has evolved from a pure form of voluntary CBHI to one based on obligatory enrolment and subsidies from the formal sector, thus paving the way to a national health insurance model. Before the scheme became compulsory in 2006, it was already recognised as one of the rare successes of wide CBHI coverage in Sub-Saharan Africa.

Rwanda's impressive level of coverage and/or progress towards UHC has been achieved through government policy efforts that have proven to be cogent. The systematic reforms that Rwanda implemented addressed critical areas including health infrastructure development, Human Resources for Health, and health financing.

(a) Public health education campaign
The Rwandan government established and effectively implemented a public education campaign system. The campaign focused on the importance of using modern healthcare services - for example, mother and child healthcare.

(b) Health infrastructure development
The Rwandan government has made significant investments in health infrastructure development. First, deliberate efforts were made by the government to establish and equip health facilities to reduce physical distances to healthcare, as prescribed in its national health policy. The government of Rwanda also invested in specially programmed mobile phones to strengthen the referral system.

(c) Human Resources for Health (HRH) Rwanda designed and effectively implemented a HRH strategic plan and programme. As a result, Rwandan health facilities including those in rural areas are fully staffed with critical cadres.

d) Health financing.
As in Uganda, a significant amount of foreign aid is used to finance the health sector in Rwanda. However, the Rwandan government (both the central government and MoH) has a very strong level of commitment to financing healthcare using domestically mobilised resources.

Source: Population Reference Bureau 2017: Uganda/ Healthdata.org/ IDF

Medic East Africa

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