



WHITE PAPER ON UNIVERSAL HEALTHCARE COVERAGE IN AFRICA

By the Africa Health Agenda International
Conference (AHAIC) Commission



STATE OF UHC IN AFRICA

There has been increased recognition of the importance of effective and functioning public health systems, while the world continues to grapple with COVID-19. Many African countries, in the 21st century and particularly during the pandemic period have made renewed commitments towards advancing Universal Health Coverage (UHC).

UHC means everyone has access to the healthcare services that they need, of good quality and, without the risk of financial hardship. While African health outcomes have been improving, they remain low and progress is slow; the continent has 17% of the world's population, and yet still accounts for 23% of the global burden of disease.

The Africa Health Agenda International Conference (AHAIC) Commission for the State of UHC was set up in November 2020 to take stock of the continent's progress towards UHC and to make recommendations on what is needed for the continent to accelerate its journey towards UHC.

"The State of UHC in Africa" report targets different stakeholder actions to ensure that UHC is seen as a collective effort by both state and non-state actors and all parties have ownership accelerating progress.

This white paper serves as a guide for the actor groups below to develop, implement, reform, and contribute to the improvement of the health sector in Africa.

TO READ THE FULL REPORT, [CLICK HERE](#)

The momentum towards UHC in Africa has been a 20-year journey:



The Commission found that the pandemic is a watershed moment and the opportunities that can be leveraged for UHC abound:

COMPLEMENTARY ECOSYSTEM

Civil society, healthcare providers, professional associations and the private sector can all support governments in implementing UHC

COVID-19

Healthcare systems were strengthened and invested in during the pandemic and vaccine nationalism spurred discussions about investing in healthcare in Africa amid fears of "being left behind"

FINANCING

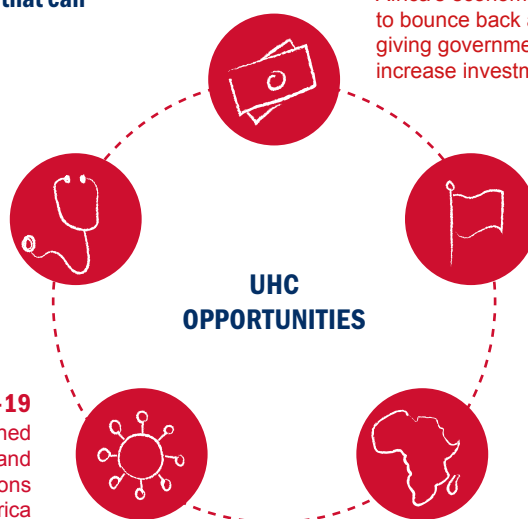
Africa's economic growth is likely to bounce back after the COVID-19 giving governments the fiscal space to increase investments towards UHC

MULTILATERAL SUPPORT

The AU, the WHO's Regional Office for Africa (WHO AFRO) and other members of the UN family can be leveraged for governance, technical support, and resource mobilisation as seen during the pandemic through Africa CDC

AFRICAN CONTINENTAL FREE TRADE AREA AGREEMENT (AfCFTA)

Will improve economic development, expand the healthcare market and drive African manufacturing of healthcare products





GUIDE FOR POLICYMAKERS

YOUR ROLE IN REALISING THE GOAL OF UNIVERSAL HEALTHCARE IN AFRICA

The foundation of UHC is that it is driven by ‘political decisions’. Top-level political leadership can demonstrate this by visibly and continuously reaffirming their commitment to health as a priority, a public good and a social goal. The success of UHC and other actors in implementing it is underpinned by the political support they receive.

The state is the only stakeholder that can legislate UHC and is the only party with the human and fiscal capacity to undertake and implement a policy of this breadth and scope. Therefore, policymakers and state actors at an implementor level should be at the centre of UHC and take the lead role in coordinating the activities of other stakeholders and aligning agendas and skills. The turnover of Health Ministers in Africa is high, and many come to their jobs with strong leadership experience but without prior orientation or technical health knowledge. A dedicated capacity building programme will bridge this gap and give them the technical capabilities to implement UHC.

Policymakers should demonstrate their commitment to UHC as a political priority through their fiscal choices and increasing investment in and the financing of health-care. This will assist in fostering a change in mindset from donor dependence to self-reliance and self-determination.

Recommendations



RESPONDING TO POPULATION NEEDS

- Re-orient health sector priorities beyond curative care to encompass preventive and promotive care. This will require increased investments in public health and the financing of public goods for health.
- Increase investments in strengthening emergency preparedness and health security.



STRENGTHENING PRIMARY HEALTH CARE (PHC)

- Prioritise primary healthcare as a critical investment in healthcare systems.
- Implement integrated care models of service delivery, contracting, and reimbursement that are cognisant of a country's operational context.
- Develop primary care networks that can be integrated across providers at the same level and across services to span promotive, preventive, curative, rehabilitative, and palliative care, and community health systems, including traditional medicine providers.
- Boost investment and implement policies to support the availability of essential health commodities in public health facilities based on country health priorities.

REFORMING HEALTH FINANCING

- Implement strategic purchasing reforms and reforming contracting and payment mechanisms

to incentivise accountability for quality and efficiency.

- Progressively increase domestic financing of the health sector to an adequate level. This should be guided by an assessment of the resource needs to deliver healthcare services to the population.
- Increase the fiscal space for health in feasible ways such as improving taxation efficiencies and enhancing efficiency in the use of existing resources.



STRENGTHENING GOVERNANCE AND ACCOUNTABILITY

- Position health as a priority crosscutting strategy in all sectoral plans.
- Develop and implement comprehensive legal and policy frameworks to guide UHC implementation in countries.
- Invest in developing the leadership capacity in the health sector. This should be focused on the identified leadership gaps, which may include complex systems thinking, soft skills and political management, and the utilisation of evidence to inform decision making.
- Develop and implement political/stakeholder management plans for UHC reforms.
- Develop skills and capacity to work with an ever-increasing array of players in health including civil society organisations, academia, private sector, development partners and the public, among others, as effective stewards of the health of the population.

- Broaden perspective (priorities, planning, financing, coordination) beyond a narrow “health-system” view, to a broader “systems-for-health” view. Develop and implement a framework to strengthen and govern multisectoral action in addressing health challenges. A multisectoral action framework should also be leveraged to address the social determinants of health. Countries have a demonstrated track record of this collaboration particularly in coordinating activities that mitigated the effects of COVID-19.
- Develop and implement a framework to govern and leverage public-private partnerships for health. Such a framework should clearly define the role of the private sector, ensure that these roles and inherent incentives are aligned with overall health system goals, and govern this arrangement to promote the public good.
- Develop and implement anticorruption strategies to strengthen transparency and accountability in the health sector and increase the equitable distribution of health resources.
- Strengthen community communication, accountability, and engagement mechanisms to promote people-centred and responsive health systems.
- Develop and implement a framework to mainstream equity, gender and intersectionality in all health policies and programmes. African governments should be intentional about addressing inequities in financing and access to health services across all social stratifiers (wealth, gender, age, disability, sexual orientation, location, etc.)
- A dedicated capacity building programme for Health Ministers and senior Health officials is required to enable them to effectively lead and steer UHC.



DECOLONISE HEALTH POLICY & REFORMS

- Ensure that policy and reform priorities are country-led and context-appropriate, with external actors playing a supportive rather than leadership role.

- Recognise and integrate the traditional health system with the formal health system.
- State actors should be the leaders and stewards of health policies and reform agendas.

ACCESS TO AFFORDABLE HEALTHCARE COMMODITIES

- Improve regional- and country-level policy and regulatory barriers to local manufacturing and strengthen African institutions to implement AU Resolutions such as the African Medicines Agency and African Medicines Manufacturing Plan.

HEALTH SECTOR RESEARCH & DEVELOPMENT

- Prioritise and increase domestic funding for research and development for health



POLICY IMPLEMENTATION IN FAVOUR OF DEMOGRAPHIC DIVIDEND

- Promote economic policies that target the expansion of employment opportunities for youth and women.

POLICY DEVELOPMENT AND INVESTMENT IN CLIMATE ACTION

- Develop and implement a framework for mitigating the emission of greenhouse gases.
- Develop and implement a framework for adapting health systems to make them resilient to climate change.



GUIDE FOR STATE ACTORS AT AN IMPLEMENTOR LEVEL

YOUR ROLE IN REALISING THE GOAL OF UNIVERSAL HEALTHCARE IN AFRICA

State actors at an implementation level have the responsibility of using the increasing investments toward improving the quality and access to healthcare while also establishing governance systems to ensure accountability over the expanded funds.

The quality of governance is the single most important determinant of social and economic outcomes in undertakings in every setting; be it global, national, subnational, or institutional. There is a large ecosystem surrounding UHC. This includes officials at multiple national, provincial and district departments. While each country is different, Ministries of Health typically play a mixed role in policymaking and implementation which makes their role crucial at the national, provincial and district or county level.

Therefore, as both stewards and policymakers, Ministers of Health and officials require preparation and capacity building to enable them to play this dual role in UHC effectively.

Recommendations for state actors



RESPONDING TO POPULATION NEEDS

- Prioritise resources towards high burden of disease areas that continue to plague the continent. These include addressing the causes of maternal, child and neonatal deaths and high-burden infectious diseases e.g., HIV/AIDS, TB, and malaria.
- Adapt service delivery models to provide long term and continuous care, in line with the emergence of non-communicable diseases.



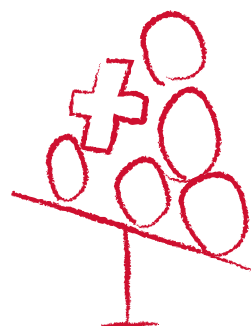
STRENGTHENING PRIMARY HEALTHCARE (PHC)

- Reallocate existing health system resources and increase investments to prioritise the strengthening of PHC systems.
- Address health infrastructure gaps with a focus on improving both the availability and quality of care, while focusing on equitable access.
- Strengthen the role of primary healthcare facilities as the first point of contact for healthcare needs. This includes increasing physical access to primary healthcare facilities, employing mechanisms to explicitly assign population groups to primary healthcare units, and implementing robust referral systems.
- Strengthen PHC delivery by implementing flexible models of non-hierarchical multidisciplinary teams of clinical and non-clinical staff.

- Strengthen health information systems to monitor and track UHC progress, as well as to provide information for health sector decision making and performance improvement.

IMPROVING HEALTHCARE QUALITY

- Develop and implement a governance framework that articulates a vision, and accountability, for quality health systems.
- Address health workforce and resource constraints that impact quality of care.



REFORMING HEALTH FINANCING

- Restructure health systems to reduce fragmentation of pooling arrangements. Doing this will require considering feasible and context-appropriate pooling mechanisms. For instance, there is overwhelming evidence that voluntary health insurance contributions do not work because of the high informality of African labour markets. Predominantly tax-financed health systems offer a better solution but only if the fragmentation of public finance is addressed.
- Reform public finance management systems to reduce operational inefficiencies and align with health system goals.

- Identify and address the causes of inefficiency in country health systems. This will not only unlock additional resources for the health sector, but also enhance health outcomes.
- Reorient financing from a health-systems view, to a systems-for-health view and thus prioritise the financing of public goods for health.



INVESTING IN HEALTH TECHNOLOGIES

- Develop and implement a comprehensive policy and regulatory framework to govern the adoption of digital and other technologies in the health sector.
- Leverage digital health solutions to develop and implement UHC reforms.



DECOLONISE HEALTH POLICY & REFORMS

- Restructure health systems to empower decentralised levels to effectively contribute to health-care delivery.
- Take advantage of planned donor transitions to reintegrate existing vertical programs with the rest of the health system in ways that improves efficiency while guarding the gains made

MANUFACTURING & ACCESS TO AFFORDABLE HEALTHCARE COMMODITIES

- Improve the necessary infrastructure (such as energy, transport, and technology).
- Leverage the AfCFTA to negotiate regional markets and promote pooled procurement to create markets that can incentivise and sustain local manufacturing.



POLICY IMPLEMENTATION IN FAVOR OF DEMOGRAPHIC DIVIDEND

- Strengthen investments in adolescent, youth, and women's health, including sexual and reproductive health and family planning.
- Invest in education for adolescents, youth, and women. Achieving the demographic dividend requires that over 60% of the population have attained quality tertiary education.



GUIDE FOR THE PRIVATE SECTOR

(including professional and regional associations)

YOUR ROLE IN REALISING THE GOAL OF UNIVERSAL HEALTHCARE IN AFRICA

The private sector plays a key role in the procurement, and distribution of essential health commodities as well as in the delivery of healthcare services. Africa has a strong and well-developed private healthcare sector which can support UHC with skills and investments. The private sector should take its lead from government and play a complementary role in UHC, including structured capacity building programmes, human capital development within government and skills transfer.

UHC provides the various sectors of the private sector with a plethora of opportunities, from investments in healthcare markets to a more resilient and healthy population and therefore consumers. The promise of quality healthcare for all and increased investments also provides members of professional and regional associations with new career opportunities as many African medical professionals currently seek work overseas. A desire for equitable access and striving for health security and ultimately socio-economic security should underpin the private sector's advancements towards UHC.

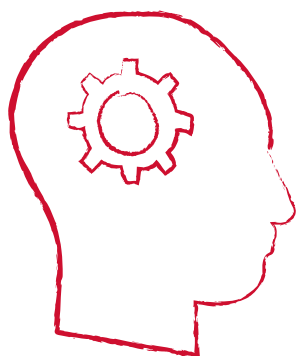
In order for collaboration to be effective in the private sector, business interests must partner and work cohesively with each other and the government. For e.g., the healthcare manufacturing market should collaborate with the logistics industry to ensure that products reach their destinations quickly and effectively. The best format for this is organised business fora as the complex nature of UHC and multiple stakeholder involvement will require government to take the lead in coordinating the various parties. Organised business will also act as a united bloc with common goals, instead of individuals entities behaving as agenda setting silos.

Recommendations for the private sector



INVESTING & SUPPORTING HEALTH TECHNOLOGIES

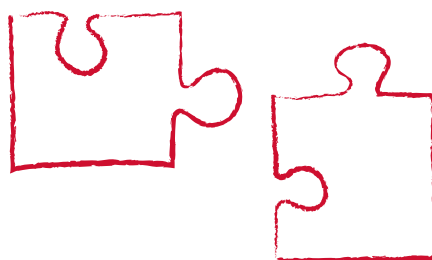
- Invest in infrastructure to support the development and adoption of 4IR technologies in the health sector.
- Invest in country capacity to drive and support innovations and create an enabling business environment.
- Private sector should play a complementary role to governments and increase investments in expanding access to services and local manufacturing of healthcare commodities.



SUPPORTING CAPACITY BUILDING

- Invest in education and human capital development for the manufacturing of healthcare commodities.
- Invest in research and development in health as a foundation for industrial development in health.

- Organise structured capacity development programs for health and other ministers and senior government officials to provide them with stewardship, leadership and governance and accountability competencies. Such programs should be conducted in Africa and near where they live and work.



CAMPAIGNING AND PARTNERSHIPS

- Leverage the AfCFTA to negotiate regional markets and promote pooled procurement to create markets that can incentivise and sustain local manufacturing.
- Popularise and scale up the campaign to re-capture and restore the spirit of independence movements, self-confidence, ambition, and the mindset that is required to generate and sustain political will and social action for achievement of UHC in Africa.
- Organised business fora should align and amplify investments more effectively and efficiently as well as interact with the government as a cohesive bloc.
- Promote and monitor UHC and update its indicators to emphasise people's ownership and participation using available resources at the various stages of economic development of societies.
- African professional associations and other CSOs, through their members should be socially accountable for applying their knowledge and skills to pursue equity and social justice; demonstrating leadership for excellence; and rejecting unethical, intolerable social, economic, and political situations, rather than ignoring and accepting them as "normal".



GUIDE FOR CSOs/ACADEMIA/ INTERNATIONAL DEVELOPMENT ORGANISATIONS

YOUR ROLE IN REALISING THE GOAL OF UNIVERSAL HEALTHCARE IN AFRICA

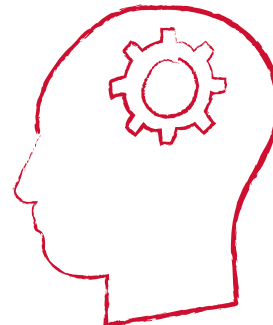
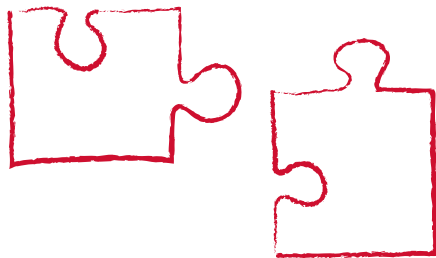
Civil Society Organisations (CSOs), academia and international development organisations have a crucial role in UHC, through popularising it, monitoring the implementation, evaluating its indicators and ensuring accountability in the use of resources.

Organisations and academics should work alongside the private sector in establishing structured capacity development programmes for government with tracks for leadership, stewardship, and governance.

Promoting good governance through various channels is a key part of the monitoring and evaluation role that civil society should undertake in ensuring that increased investments in healthcare are not wasted or abused.

This forms part of centering the health and wellbeing of communities and individuals and keeping their requirements top of mind.

Recommendations from the report for non-state actors



CAMPAIGNS & PARTNERSHIPS

- Nurture a change of mindsets from donor dependence to progressive self-reliance and self-determination.
- Popularise and scale up the campaign to re-capture and restore the spirit of the independence movement, self-confidence, ambition, and the mindset that is required to generate and sustain political will and social action for achievement of UHC in Africa.
- Promote and monitor UHC and update its indicators to emphasise people's ownership and participation using available resources at the various stages of economic development of societies.
- Civil society should advocate for the prioritisation of UHC and for increased inclusivity, dialogue, and accountability that puts the people at the centre of UHC reforms.

SUPPORTING CAPACITY BUILDING

- Organise structured capacity development programs for health and other ministers and senior government officials to provide them with stewardship, leadership and governance and accountability competencies. Such programs should be conducted in Africa and near where they live and work.
- The World Health Organisation (WHO), the United Nations (UN) Family and other international development actors should collaborate with civil society to decentralise knowledge to different actors within the health ecosystem particularly those working in communities such as health workers, and communities themselves.
- The African Union Commission (AUC) and WHO should provide leadership to all actors to maintain the visibility of PHC principles and balance the current commodification of UHC.
- African professional associations and other CSOs, through their members should be socially accountable for applying their knowledge and skills to pursue equity and social justice; demonstrating leadership for excellence; and rejecting unethical, intolerable social, economic, and political situations, rather than ignoring and accepting them as "normal" without comment or outrage from African experts and their populations.



GUIDE FOR COMMUNITY MEMBERS

YOUR ROLE IN REALISING THE GOAL OF UNIVERSAL HEALTHCARE IN AFRICA

Currently, there are few countries in Africa where communities are at the centre of health systems. Community Health Systems (CHS) are defined as all activities whose primary purpose is to promote, restore and or maintain health. The need for communities to be involved in the prevention and promotion of health has become increasingly apparent during the COVID-19 pandemic when they were called upon to wash their hands, social distance and vaccinate. However, public education messages are often not responsive or inclusive to influence behaviours within these communities.

Close to 94% of human beings are born completely healthy and strong government leadership is essential to create conditions that enable people to maintain their natural health. As their primary mission, healthcare systems exist to serve individuals and communities.

People and as players who form part of broader, households, families and communities should be empowered to take ownership and responsibility for maintaining their own health and wellbeing. This will in turn create a sense of ownership and pride in health systems.

How you can support the goal towards universal healthcare coverage:

- Each individual should be encouraged and supported to maintain their natural health and wellness.
- Local health committees should meet regularly for open community dialogue and governance and these should be led by trusted and elected community representatives.
- Communities should be linked to health services through Community Health Workers (CHWs) who will visit households and keep their health records, distribute health commodities and information. CHWs integrate communities within the entire health system and forge trust relationships between policymakers, state actors and the people the health system is designed to serve.
- A wellness-based health system can only work if it is owned and driven by individuals in the way they live out their daily lives. It is therefore the most important duty of the health system to provide the population with information that creates a high level of health literacy and empowers people to possess and apply knowledge for making lifestyle choices that maintain and promote individual and community health and wellness.
- Empowering individuals to maintain wellness should create in the population a sense of ownership of the health system, as was envisioned in the Alma Ata Declaration where one of the tenets was the ‘active participation of the people themselves’.
- This should also empower the population to demand quality health services and to be active participants in contributing to the better performance of “their” health system.

