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

Contents

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

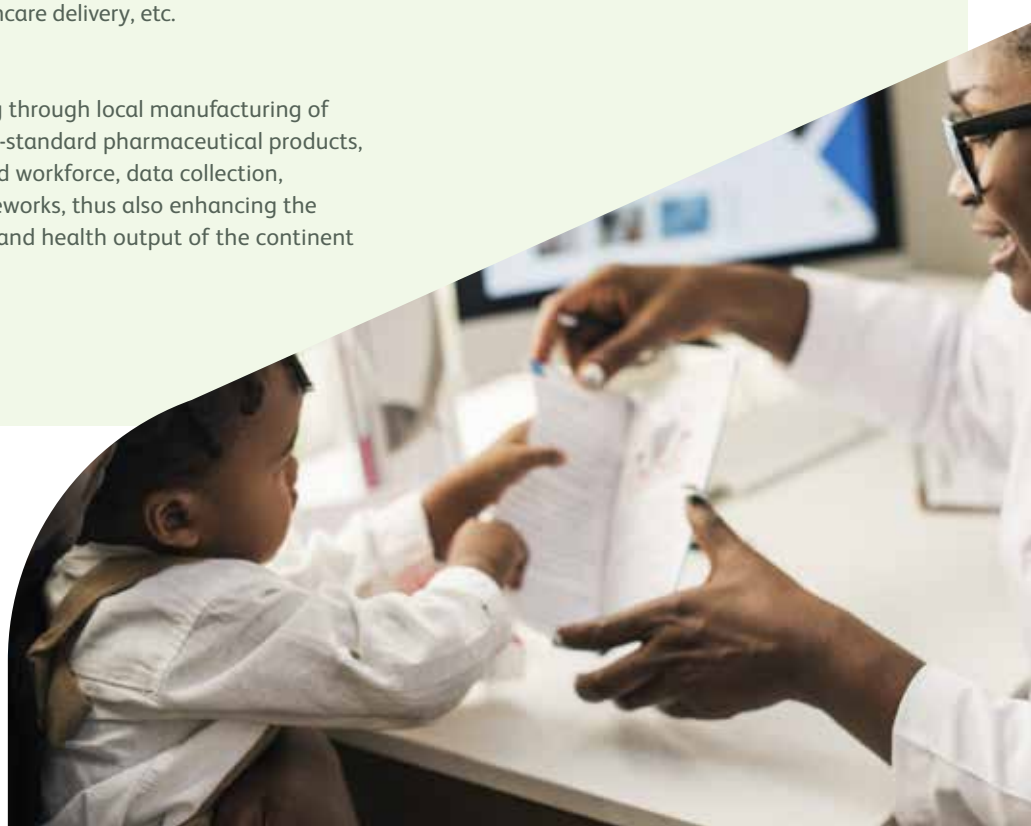
Capacity-building through local manufacturing of quality and up-to-standard pharmaceutical products, trained and skilled workforce, data collection, monitoring frameworks, thus also enhancing the economic, social and health output of the continent

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

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

65/60yrs
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: risked 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.

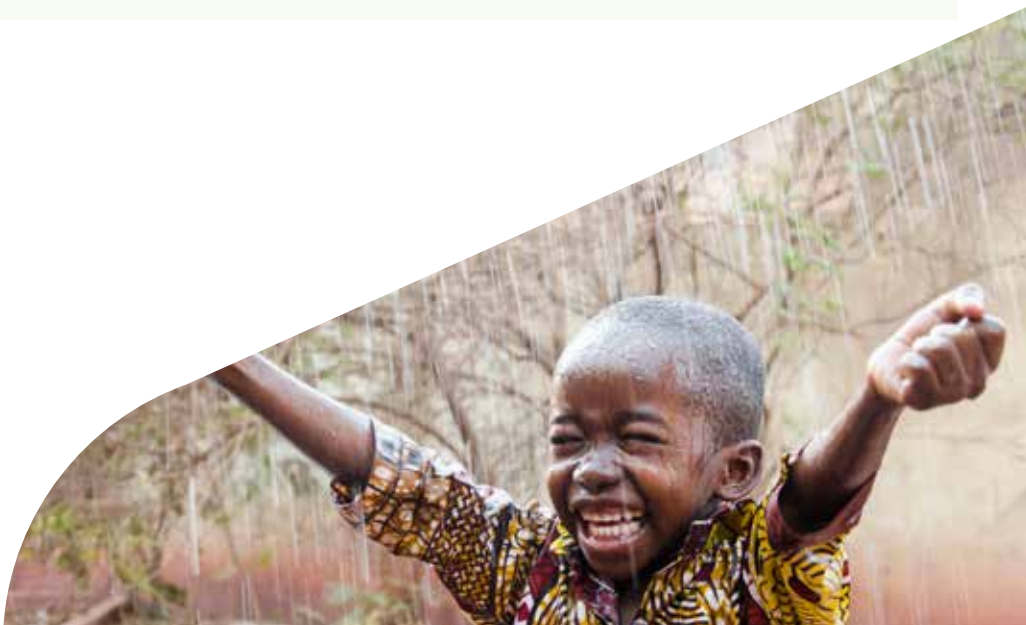
According to the Kenya Vision 2030, Universal Health Coverage (UHC) is more than just eliminating the out-of-pocket expenditure; it is also about ensuring access to quality healthcare. This means that capacity in both structural and resource must be increased to handle the needs of the population.

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.



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

Tanzania

Healthcare in numbers

57,500,000
Population

W 67/M 63
Life expectancy at birth women/men

47/1,000 live births
Infant mortality rate

Neonatal Disorders
Most death in 2017

Dietary Iron Deficiency causes most disability in 2017

3.6%
Prevalence of diabetes in adults

UHC in Tanzania

The 1967 Arusha Declaration set Tanzania on a path towards nationalised healthcare, but in the face of rising costs, cost sharing policies were implemented beginning in the 1990s; today the government runs four health insurance schemes alongside multiple private options, but the vast majority of the population remains uninsured, leading to significant inequities in access to care.

Tanzania's 4th Health Sector Strategic Plan (2015-2020) provides for a new health financing strategy aimed at helping the country achieve Universal Health Coverage, by addressing this complex and fractured health insurance market.

UNICEF has reported that health insurance coverage in Tanzania has been growing steadily. A single national health insurance holds the hope of increasing the resources available for health and providing basic Universal Health Coverage.

Furthermore, according to UNICEF, health insurance coverage has grown in recent years although coverage of special groups (those requiring a government subsidy to access care) dropped in FY 2016/2017.

However, currently, we are seeing inequities in healthcare provision because the health insurance system favours certain people and not others. For instance, the services obtained by a person with Community Health Fund insurance do not match those of a person with National Health Insurance Fund.

The number of people covered by the National Health Insurance Fund increased by 13 per cent from FY 2016/2017 to March 2018. The number of registered health providers has expanded rapidly. Membership of Community Health Funds expanded by 9 % from FY 2016/2017 to March 2018.

Health insurance

16.1%	Types of insurance / saving products (estimation of beneficiaries as % of the population)
5.6%	National Health Insurance Fund (Public): benefit package includes basic lab tests, outpatient services, in-patient and specialist care; open to formal public and other sector employees and specific groups (e.g. students, children below 18 yrs & registered economic activities groups), 6 % payroll tax apply for those in formal sector.
0.1%	Social Health Insurance Benefits of National Social Security Fund (NSSF-SHIB) (public); benefit package for members of National Social Security Fund, open to formal and informal sector. No premium charged after contributing 10 % income as pension serving.
8.4%	CHF / TibaKwaKadi (TIKA) (public): basis healthcare coverage to low-income households' informal sector; fixed premium rates
1.0%	Private Health Insurance (PHI); various packages and various fixed premiums
1.0%	Community Based Health Insurance / Micro Insurance; (private) covers primary and hospital care; informal sector; various fixed premiums

Source: based on Bultman, Mushi (2013), Options for Health Insurance Market Structuring and interviews local experts

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

Source: https://www.pharmaccess.org/wp-content/uploads/2018/01/The-healthcare-system-in-Tanzania.pdf

Organization of national insurance: sources and expenditures of nhif

Uganda

Healthcare in numbers

42,800,000
Population

W 64/M 62
Life expectancy at birth women/men

43/1,000 live births
Infant mortality rate

Neonatal Disorders
Most death in 2017

Depressive Disorders
Cause of most disability in 2017

1.5%
Prevalence of diabetes in adults

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

UHC in Uganda

The Ugandan government has signed onto several international protocols aimed at increasing citizens' access to good quality care and increasing financing to the health sector. Such protocols include the Common African Position on the post-2015 development agenda, the UN's Sustainable Development Goals (SDGs) as well as the Abuja Declaration (2001) where it commits 15 % of its budget to improving the health sector.

However, in Uganda, there is still limited access to healthcare and at 41 % out-of-pocket expenditure. This has meant that sometimes, people have to sell their investments to pay for healthcare, which has kept them in poverty.

In Uganda, the Health Sector Development Plan (HSDP) 2016-2020 emphasises the need "to accelerate movement towards Universal Health Coverage". This renewed focus on UHC is in line with Uganda's second National Health Policy (NHP II), whose overriding aim is to; improve access to the national minimum healthcare package - i.e. a basic package of essential healthcare services; shield healthcare service consumers from catastrophic health spending; and ensure equity in access to healthcare services.

According to a policy paper by the Economic Policy Research Centre, to accelerate Uganda's progress towards UHC, the following should be addressed:

- Investments in health infrastructure (to provide facilities that have the necessary equipment) should be undertaken to a greater extent, especially in regions with low health facility population coverage.
- It is paramount for the current staffing norms to be reviewed, especially for critical cadres, and more critical health workers should then be recruited in order to satisfy the revised critical cadre staffing norms; effective staff retention initiatives should also be implemented.
- Healthcare coverage for reproductive, maternal, newborn, and child health should be scaled up; during this process, interventions should aim to maintain the successes observed for immunization, and the existing gaps in lagging intervention areas should be addressed.
- Uganda should aim to institute a coherent set of health sector policy reforms that are effectively implemented and emphasise a health financing policy that is comprehensive enough to cover both the formal and informal sectors.

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

Ethiopia

Healthcare in numbers

98,148,000
Population

W 65/M 62
Life expectancy at birth women/men

49/1,000 live births
Infant mortality rate

Neonatal Disorders
Most death in 2017

Malnutrition No.1 risk contributing to DALYs in 2017

5.2%
Prevalence of diabetes in adults

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

UHC in Ethiopia

Ethiopia is making promising progress towards UHC. Established on the gains already made, Ethiopia is taking practical actions that enable the state to move towards UHC rapidly. Attaining UHC by 2035 is the direction for Ethiopia's health sector development through guaranteeing access to all the essential services, for everyone in need, while providing protection against financial risk.

At the macro level, Ethiopia has a health policy which emphasises on healthcare decentralisation and prioritisation of health promotion, diseases prevention and basic curative services. At the meso level, strategic documents such as the 20-year envisioning document and the Health Sector Transformation Plan (HSTP) were developed to guide the priorities within the health sector. At the micro level, the Essential Health Service Package (EHSP) has been used as a means to guide service provision with a clear stratification of service delivery and financial arrangements.

The Ethiopian government has been piloting and scaling-up Community-Based Health Insurance (CBHI) for the informal sector since 2010 and is establishing Social Health Insurance (SHI) for formal sector workers as a means of achieving UHC. CBHI covers 11 million people making it one of the largest health insurance schemes in Africa.

The Ethiopian Health Insurance Agency (EHIA) has already been established and is undertaking the necessary steps to offer SHI. The agency is working on automating the social health insurance membership registration and follow-up process, and the task of developing a management information system software and implementation manual of the scheme. In addition, various social health insurance implementation manuals and guidelines were drafted and are ready for testing.

Medic East Africa

By Informa Markets

For 6 years Medic East Africa has brought you the latest innovations in healthcare. From state-of-the-art imaging equipment to the most cost-effective disposables; developments in surgery to advances in prosthetics, Medic East Africa brings the East African healthcare community together.

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.

For more information, visit mediceastafrica.com