



# Why Invest in UHC?

## Investment in Africa's health systems is key to inclusive and sustainable growth.

Strong economic growth in recent years has helped reduce poverty to 43 percent 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. Many countries still contend with high levels of child and maternal mortality, malnutrition is far too common, and most health systems are not able to deal effectively with epidemics and the growing burden of chronic diseases, such as diabetes. These challenges call for renewed commitments and accelerated progress toward Universal Health Coverage (UHC)—the principle that everyone receives needed health services without financial hardship.

# Investing in UHC pays off.

The primary reason for investing in UHC is a moral one: it is not acceptable that some members of society should face death, disability, ill health or impoverishment for reasons that could be addressed at limited cost. However, UHC is also a good investment. Prevention of malnutrition and ill health is likely to have enormous benefits in terms of longer and more productive lives, higher earnings, and averted health care costs. Effectively meeting demand for family planning will accelerate the fertility transition, which in turn will result in higher rates of economic growth and more rapid poverty reduction. And strong health and disease surveillance systems halt epidemics that take lives and disrupt economies. In 2015, the forgone economic growth due to Ebola amounts to more than a billion US dollars in the three countries hit by the epidemic.

# **UHC** in Africa: **Progress and Challenges**

## Health expenditure in Africa have increased significantly, but domestically financed government spending has stalled.

Total health expenditure has grown rapidly over the last two decades, in particular in middle-income countries. But this increase has been driven mainly by out-of-pocket spending by households and development assistance, about half of which was earmarked spending for HIV/AIDS. In contrast, government spending on health as a share of total government spending has decreased in half of the countries in the region. Only four countries met the Abuja target of 15 percent of general government spending in 2014. Limited commitment of domestic resources is often reflected in shortages of critical inputs such as human resources for health and pharmaceuticals.

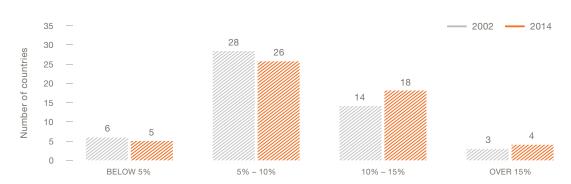
# Coverage of key health services has increased but critical gaps remain.

Africa has seen rapid improvement in coverage of insecticide treated bed nets for children, which accounts for an important share of the decline in child mortality. Other indicators related to maternal and child health services, such as antenatal care and skilled birth attendance have also improved. Yet, wide disparities remain within countries, and coverage gaps remain large for many critical services. Access to HIV, TB, and malaria services also remains uneven and is lower than for other core indicators of UHC progress. Progress has also been slow in the case of improved water and sanitation, and the region is far from reaching the 2030 SDG basic essential health services objective of 80 percent population coverage.

# Millions of Africans fall into poverty due to high out-of-pocket health payments.

Financial protection is generally low in Africa, requiring most patients to pay for health services from their own household income, so-called out-of-pocket (OOP) payments. Patients in lower-income and lower-middle-income countries are less protected against high OOP than those in higher-middle-income countries. Out-of-pocket payments have increased in nearly all countries from US\$15 per capita in 1995, to US\$38 in 2014. As a result, 11 million Africans are falling into poverty every year due to high out-ofpocket payments. Protecting people against the impoverishing effect of health payments is a cornerstone of UHC and will help prevent poverty in Africa.

### GOVERNMENT SPENDING ON HEALTH IN TOTAL GOVERNMENT SPENDING fig.1



Government spending on health in total government spending

# Accelerating Progress toward UHC: Opportunity, Directions and the Way Forward

Accelerating progress toward UHC in Africa is within reach but will require political leadership and a clear strategic vision.

Most African countries have integrated UHC as a goal in their national health strategies. Yet, progress in translating these commitments into expanded domestic resources for health, effective development assistance, and ultimately, equitable and quality health services, and increased financial protection, has been slow. Countries that achieve their UHC targets by 2030 will eliminate preventable maternal and child deaths, strengthen resilience to public health emergencies, reduce financial hardship linked to illness, and strengthen the foundations for long-term economic growth.

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. This framework proposes a set of actions for countries and stakeholders involved in the UHC process. It is intended to stimulate action by demonstrating that progress toward UHC is not only possible, it is also essential.

# **UHC** in Africa: A Framework for Action

#### 1 / FINANCING

## More and Better Spending and Effective Financial Protection

- Improve efficiency of public and private health spending for better outcomes and resource expansion
- Increase government spending on health through budget re-allocation and increased domestic resource mobilization
- Use budget resources to reduce financial barriers to care and make services affordable to everyone
- Ensure that the poor, and people working in the informal sector benefit from pre-payment, and that providers get a fair deal
- Improve the effectiveness of development assistance for health through improved coordination and use of country systems

#### 2 / SERVICES

## People-Centered Services, Quality and Multisectoral Action

- Establish people-centered health services to improve quality of services and patient safety
- Prioritize investments in community and primary health care services within the framework of viable local governance systems
- Partner with civil society and non-state providers to expand access to key services and interventions
- Invest in pre-service education, particularly in underserved areas >>
- Engage in multisectoral action to address determinants of health

### 3 / EQUITY

## Targeting the Poor and Marginalized and Leaving No One Behind

- Target vulnerable populations and design programs tailored to their needs
- Expand service delivery to marginalized groups and settings
- Scale-up pro-poor interventions such as demand-side incentives, including vouchers and conditional cash-transfers
- Ensure the rights and entitlements of women, children and minorities, particularly during vulnerable parts of the life course

### / PREPAREDNESS

## Strengthening Health Security

- Improve national preparedness plans including organizational structure of the government
- Promote adherence to the International Health Regulations (IHR)
- Utilize international framework for monitoring and evaluation of IHR
- Enhance relevant partners' and across countries' collaboration to prepare for and respond to public health emergencies

## 5 / GOVERNANCE

## Political and Institutional Foundations for the UHC Agenda

- Establish platforms and processes to foster societal dialogue
- Enhance effective mechanisms for inter-sectoral dialogue and action
- Establish transparent monitoring and reporting on progress toward UHC
- Ensure that all citizens have access to data and information on UHC, as part of societal dialogue and participatory processes
- Strengthen national institutions and organizations to lead implementation of reforms for UHC





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