Africa's Journey towards Universal Health Coverage

UHC is both a vision and a mission says Francis Omaswa. The critical bit is defining how to cost and finance the packages of service

During the last week of June 2014, the government of Uganda convened a National Symposium on Universal Health Coverage (UHC), sponsored jointly with the East Central and Southern Africa Health Community Secretariat. African Centre for Global Health and Social Transformation provided technical support to the two day event. This provided an opportunity to reflect and internalise the opportunities and issues that African countries face on their way to achieving UHC, which is a pillar of the post-2015 global development agenda. How can we simplify the message of UHC so that it is understood clearly the same way by all actors?

The key point that came through to me is that UHC is not new. Uganda and other African countries are already on the journey to UHC. It is both a vision and a mission where nations aspire and work to provide access to affordable healthcare to the whole population. The previous and current efforts on Sector-Wide Approaches, Poverty Reduction Strategy Papers, and Comprehensive National Development plans the long-term national vision, such as Vision 2030 or 2040 ,are all in reality movements towards UHC. They all envision the creation of conditions in countries that lift the whole population out of poverty and address issues of equity, social justice, and inclusive growth through the provision of packages of basic health and other social services for the whole population leaving no one behind. Indeed most national constitutions in Africa have language which calls upon governments to provide basic health services to their populations. The questions that need answers are: what packages of services, for whom and how to finance and deliver them?

Let's address each of these in the reverse order. Delivery mechanisms are the most challenging to identify and implement. They must first and foremost be owned by the beneficiaries both in design and implementation. Ownership and leadership by the heads of governments and state is critical, and this ownership and leadership then cascades all the way down to the communities and households. Responsibility for the national health agenda under UHC belongs to the entire population and all sectors should be embedded in the way that society is governed and implemented, not by health professionals alone, but by all the arms of government crossing culture, religion and socio-economic status. Contracting, regulating, supervising, quality assurance of service providers and fund managers; and payers and users as well are real challenges to be overcome. For all this to happen UHC has be part of an ongoing national dialogue over which political elections are won and lost. It was instructive to listen to the Ministry of Gender Labour and Social Services in Uganda who articulated its vision for social protection, responding to social needs, providing direct support and promoting national awareness for social support needs.

Costing and financing the packages of services for UHC is critical. African households contribute 40 – 60% of health expenditure as 'out of pocket at the time of need'. Other sources are tax revenues, health insurance and community based contributions and external donors. Financing UHC is often misunderstood to mean health insurance, but it is more about integrating and pooling diverse and multiple resources to fund services before the services are accessed. Some developed countries use a fully tax-based approach, but like in Africa most countries use the mixed approach. At the Kampala symposium we heard about offers of bananas, maize, milk and other local produce contributed by rural populations during harvest time. Persuading households to pool resources is only possible when there is ownership by them, and when the management is competent and trusted, and services are actually accessible when needed.

The identification of the package of health services and targeting population groups is once again determined with the beneficiaries based on needs and available evidence. The process of ongoing national dialogue needs to be evidence based which introduces roles for academic and research institutions that need to be an integral part of UHC. Africa is already on the road to UHC, the speed of travel needs to be accelerated through awareness creation, increased demand, and committed and competent leadership at all levels. Successful implementation of UHC creates a unique social dynamic that is good for society.

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