

Harnessing technocrat skills to lead improved health delivery

Francis Omaswa on the trail of getting more from the talent we have



I want to return once again to our previous discussions on the potential contribution of our African Techno-professionals to Africa's transformation and to call upon this group to take our place as effective leaders wherever we are and at every turn. There is a critical mass of Techno-professionals in most African countries and our time is now.

This is inspired by two events taking place in East Africa. Along with my ACHEST colleagues, we attended the first event on 22 February, 2018 in Kampala. This was a Joint East African Community (EAC) Heads of State Retreat, where host President Y K Museveni of Uganda complained that the meeting room was too hot and apologised to his colleagues. He wondered what the engineers and technicians were doing if they are not able to keep the room comfortably cool. He also wondered what his protocol officers are doing – always walking up and down, looking busy without results. President Uhuru Kenyatta of Kenya followed by complaining about bureaucrats in his country who delay the approval and implementation of investment plans for up to two years. These engineers who could not keep the meeting room cool, the protocol officers and the Kenyan bureaucrats are all techno-professionals in whom we have placed great hope for the future. We will come back to discuss how to support this group at a later date.

The second event took place in mid April when we were represented at a meeting of Experts from EAC member states in Arusha, Tanzania. The challenge was to develop an implementation plan for the resolutions of the Heads of State Retreat in February 2018.

The Heads of State Retreat theme was 'Deepening and Widening Regional Integration through Infrastructure and Health Sector Development in the EAC Partner States'. With regard to health, the retreat sought to build consensus on regional health sector investment priorities for the attainment of Universal Health Coverage and the SDGs; showcase major health sector investments and opportunities in the region; mobilise new investments for the identified health sector priorities; and revitalise regional partnerships and linkages for improved health outcomes in the EAC. Non-health sectors' focus was on quicker delivery of priority projects in railways, ports, roads, inland waterways, energy and civil aviation sectors. All this effort, including the Heads of State retreat, is about agreeing Strategic Purchasing choices for a region with a total population of over 200 million people.

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation (based from Kampala); Founding Executive Director of the Global Health Workforce Alliance.

What principles should guide the identification of strategic purchasing priorities for the health sector? We recommend a more integrated public health approach that is not focused on addressing specific diseases. The investment priorities should revolve around the establishment of strong integrated primary and community health services and systems. This should be the foundation for ensuring that the disease priorities are addressed through health promotion, disease prevention and control with active participation of individuals, households and communities.

We call for concerted movement by EAC member states towards building health systems that work for everyone and are focused on integration of the investment priorities that are anchored within people-centred governance for services delivery across sectors that are household and community based and thereby leaving no one behind. 'Health is made at home and only repaired in health facilities when it breaks down'; 'If it does not happen in the community, it does not happen in the nation'.

We recommend institutionalisation of approaches on Continuous Improvement of Quality of Health Care (CQI), improved Health Sector efficiency and Health Sector statistics and disaggregated data sets. We propose investment in building capacity for Quality Assurance including planning, facilitative supervision, coaching and mentorship.

We advocate regular review and updating of service and performance standards and accreditation of facilities to be institutionalised in all member states.

We propose investment in health workforce plans that will provide the requisite skill sets and fit for purpose health workers where they are most needed.

There is sufficient evidence to show that the return on investment in health is high. EAC member states should allocate more funding from domestic sources for health. Member states should commit to a minimum per capita annual expenditure on health. On top of this, flexible and growing well-managed approaches to pooled funding through multiple mechanisms should be encouraged. These include community health insurance schemes moving towards compulsory national health insurance in combination with optional private health insurance schemes.

Strong stewardship, leadership, management and governance will be required to achieve the aspirations of this investment agenda. This calls for political commitment, strong support from techno-professionals and educated and informed demand from CSOs and communities.

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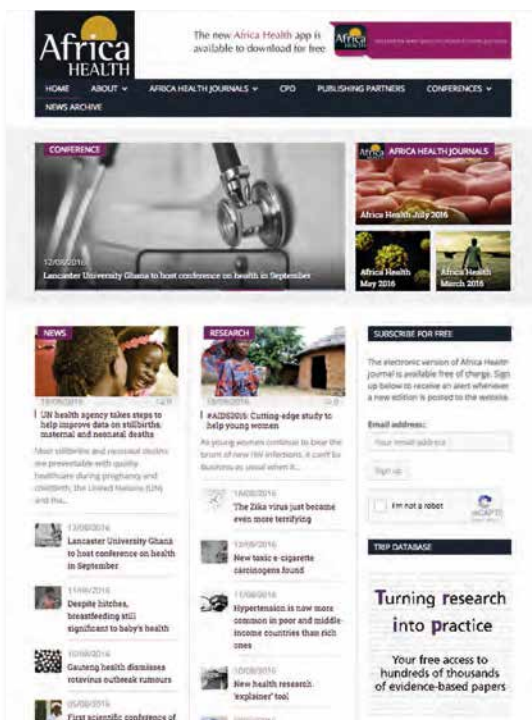
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