

# UHC: Are we putting too much emphasis on health insurance?

As we move towards a common vision for the achievement of UHC, Dr David Okello reflects on a key challenge to a successful outcome

I recently attended the WHO Regional Committee for Africa (AFRO/RC68) meeting in Dakar, Senegal. The Regional Committee meeting is the highest statutory body of WHO in the African region. The committee meets annually to deliberate on critical health policy matters relevant to Africa. It brings together Health Ministers and country delegates; including civil society organisations and the private sector from all 47 member states and development partners. Among other critical policy matters, the regional meeting deliberated on ways of ensuring sustainable financing for Universal Health Coverage (UHC) in Africa in the midst of changing global, social and economic dynamics. Many countries in Africa still face health financing challenges, including inadequate and inequitable government spending on health, and impoverishment of vulnerable groups who incur unaffordable out of pocket expenditure.

While many countries are discussing modalities for UHC, there has been limited progress in implementing health reform to improve service coverage and financial protection. The introduction of pre-payment schemes in countries like Ghana, Kenya, Tanzania, Rwanda and Gabon is acknowledged, but the vast majority of the population in Africa remains unable to access affordable care. This is in spite of the pledge made by African Heads of States in Abuja, Nigeria in April 2001 to allocate 15% of their annual budgets to the health sector.

Listening to the views expressed by health ministers and their delegates in Dakar, it was striking to hear how some ministers passionately believed that the introduction of national health insurance (NHI) would deliver UHC. Many took the floor to elaborate how they were pushing their parliaments to enact laws to introduce or expand NHI schemes. Some believed that their immediate task was to put the NHI law in place and UHC would be achieved. This sentiment expressed on the role of NHI as the sole vehicle to deliver UHC inspired me to write this as my comment on the matter.

UHC is a healthcare system in which everyone can receive quality health services without incurring financial hardship. Beyond financial considerations, however, UHC must include a strong, efficient and well run health system; including access to essential medicines and technology, and sufficient numbers of well-trained,



motivated and supported health workers. In addition, efforts must also be made to go beyond the health system and to address the social determinants of health by engaging other sectors. These may entail programmes that include better living standards, upgrading housing, improved nutrition, safe water and sanitation, etc. Other actions required for Africa in particular will be tackling the rising prevalence of non-communicable diseases (NCDs) through policies aimed at tobacco control, substance abuse, promoting healthy lifestyles and appropriate nutrition.

It is also important to appreciate that a key component of UHC includes ensuring that healthy people remain healthy, as opposed to too much attention placed on looking after the sick. UHC implementation starts with integrated primary health care (PHC); with the active participation of the people using affordable and sustainable resources. Population health must relate to everything else in society such as education, agriculture, water supply and local administration. Good health starts with, and is created by individuals, their families, and the communities, and is supported by skills, knowledge and technology of the professionals. To quote Professor Francis Omaswa, 'health is made at home, and only repaired in health facilities when it is broken down'. This concept is the foundation of UHC, where

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*PHC under the spotlight in Burkina (previous page) and outside Lagos University Teaching Hospital (above). Can such services be truly integrated to work (and be afforded) within a single health ecosystem?*

health is part of all policies, integrated into the national development plans and the governance of society.

UHC requires deliberate and targeted initiatives and efforts to be placed on health promotion and disease prevention. Addressing risk factors to disease and tackling emerging lifestyle habits in society – such as abuse of alcohol, tobacco use and consumption of unhealthy diets – are at the core of this strategy. Unfortunately, the drama of providing health care to the sick is the more visible face of the health systems, and is receiving more attention and resources. Strong stewardship and leadership is needed for countries to implement such a balanced approach.

The strategic aim of UHC is to ensure that everyone remains healthy and/or can use the health services they need without risks of financial impoverishment, no matter what their socio-economic situation. African countries will achieve UHC in a progressive manner, moving at different rates, depending on their level of resources, culture, history and general development level. How services are funded is part and parcel of progress towards UHC. It would appear that some ministers of health from Africa having been frustrated by lack of progress in getting governments to commit to increased health spending have refocused their attention to the NHI, with the hope that it will deliver the much desired resources to the health sector.

Approaches to health financing are in three categories: those based purely on taxation as practised in the United Kingdom and the Scandinavian countries; those

based on health insurance schemes such as France and the USA; and a mixed approach as practised in most African and other developing countries.

African countries in moving towards UHC should define essential packages of health services that should be made available to the whole population funded through taxation. On top of this, NHI schemes should be rolled out through employer funded and voluntary contributions and community insurance schemes should also be promoted. The challenge is the management of these pooled funds. Until there is public confidence in these schemes, uptake and contributions will remain unsatisfactory and less than optimal.

The key actions for African countries at this stage are to move expeditiously to enact enabling laws that will guide the implementation of the above mixed health financing approach. Secondly, building health systems governance and management capacity is critical for efficient and transparent performance of the financing schemes that will in turn generate the much needed confidence in the health system and promote compliance.

Countries should engage in national dialogue that leads to national compacts. There is no single solution that can be applied in every country. Each country should decide what works best for them. However, there is more to UHC than just health insurance. To achieve the SDGs, countries in Africa will need a holistic understanding of what is needed to achieve good health and take services to the people, leaving no one behind.