

Exploring regional approaches to Universal Health Coverage

Yoswa Dambysa and Patrick Kadama summarise the 11th Best Practice Forum of the East, Central and Southern Africa Health Community

The 11th Best Practices Forum (BPF) was held in Arusha Tanzania from the 26th to 28th June 2018, under the theme: 'Universal Health Coverage: addressing the needs of the underserved'. Best Practice means professional procedures that are prescribed (or accepted) as being correct or most effective. It was attended by 140 researchers, implementers and policy makers representing senior officials from East, Central and Southern Africa Health Community (ECSA-HC) Member States; as well as representatives of ECSA College of Health Sciences constituent Colleges, health research institutions, collaborating partners, civil society organisations, health experts from the region and beyond, and other key stakeholders.

Scientific sessions

Through several plenary and parallel sessions, participants shared best practice experiences, interrogated emerging trends, and addressed ways towards achieving Universal Health Coverage under five sub-themes: Linking health workforce to labour market outcomes; priority setting and health benefits packaging; governance and equity-oriented policies for urban health; creating sustainable food systems to address malnutrition; and tackling anti-microbial resistance in the region.

The discussions under these sub-themes are summarised in the following sub-sections.

Linking health workforce to labour market outcomes: There was vibrant engagement around the need to link the health workforce education to labour markets and outcomes. However, it was noted that there remains an apparent resistance to acceptance and recognition within the region of the potential contribution of the model of training through ECSA College of Health Sciences, even though it is mirrored on the success of Colleges in the West. That paradox was quite ably framed by a civil society participant, who noted that all the countries in the region readily recognised, registered and employed as specialists Fellows from the Royal Colleges of the UK, for example, and yet remained sceptical about fellows of the ECSA Colleges trained in the ECSA context, to manage the ECSA conditions.

Physiotherapists and rehabilitation professionals highlighted the glaring workforce gaps, in the face of increasing needs, for comprehensive rehabilitation services. It was noted that with the increasing burden of non-communicable diseases, the need for rehabilitation

medicine would only escalate. Consequently, those in need of rehabilitation services constitute a truly underserved population.

A consensus emerged on the need to apply principles of Labour Economics to inform investments in human resources for health (HRH); for concrete studies to provide further insight into the labour market dynamics; and for the region to explore public-private partnerships in the training of the health workforce, given the existing resource constraints in the public sector.

Priority setting and health-benefits packaging: Discussions around this sub-theme highlighted the need for evidence-based approaches to the definition of priorities and health benefits to be covered under UHC, in the face of scarce resources for health.

A focus on the needs of the urban poor is required, especially the youths and adolescents, through approaches including nutrition needs; and water, sanitation and hygiene (WASH) practices, especially for the urban poor who are in search of equitable policies in Urban health in all health interventions, which should largely focus on maximising the health benefits for the underserved.

A cross-cutting message was that health care systems should always make decisions on how best to allocate scarce resources to achieve maximum health benefits, and that for this to be done effectively would require a mix of health economics, epidemiology and biostatistical skills within the health sector to package information properly and strengthen its negotiating power when lobbying for more resources.

Creating sustainable food systems to address malnutrition: The Forum explored this issue as a means of addressing malnutrition, with a key message being the central role of proper nutrition to good health, while noting that nutrition required a coordinated multi-sectoral response with interventions across health, education, agriculture, water and sanitation sectors, among others. Note was made of the United Nations General Assembly declaration of a Decade of Action on Malnutrition (2016 to 2025), providing opportunities for concerted efforts at all levels in line with the ICN2 Framework for Action.

There is a need to explore innovative ways of integrating adolescent nutrition interventions into existing programmes. Also, how can we leverage existing opportunities for afforestation to improve the stock of fruit trees and thereby improving nutritional outcomes? And how can countries design and implement comprehensive behaviour change and communication programmes

Yoswa M Dambysa is the Director General of the East, Central and Southern Africa Health Community (ECSA). Patrick Kadama is the Director for Health Policy and Strategy at ACHES.



relating to healthy diets and lifestyles, using sound data?

Tackling Anti-Microbial Resistance (AMR) in the region: Country experience from Kenya and from the African Society for Laboratory Medicine was showcased in the approach to challenges faced in tackling AMR. In particular the role of systematic initiatives such as the Stepwise Quality Laboratory Improvement Process Towards Accreditation (SLIPTA) were noted for their role in efforts to tackle AMR in the region. It was also recognised that laboratory services are key in the response to AMR.

However, gaps and weaknesses of medical laboratories were noted. There are areas where progress has been made in many areas towards stronger laboratory services, but weaknesses still exist. Africa now has more than 30 laboratories in eight countries that meet International Organization Standardization (ISO) requirements and are ISO accredited. Monitoring AMR is weakest in resource limited settings, due to a range of reasons including low human resource capacity, inappropriate treatment practices and poor management of equipment.

Recommendations and next steps

At the end of the Forum, several recommendations were made:

Recommendation 1: Priority setting and health benefits packages called upon member states to strengthen the process of defining the health benefit packages that are rights-based and ensure universal health coverage; and strengthen multi-sectoral collaboration, coordination and community engagement in addressing the health needs of underserved populations including the urban poor, towards building well planned and serviced communities and reducing inequalities in the delivery of services.

Recommendation 2: Linking the health workforce to labour market outcomes. Discussion centred upon calling for member states to increase financing to implement strategic plans for HRH and to provide an enabling environment to promote innovative models

of capacity building, including collegiate training and application of digital technologies.

Recommendation 3: The discussions on tackling anti-microbial resistance in the region led to calls for member states to accelerate implementation of past resolutions on AMR towards strengthening multi-sectoral national action plans on AMR in line with the Global Action Plan; and in view of the burden of TB in the region, the recommendation reminded member states to strengthen laboratory services to keep track of the problem of MDR- and XDR-TB in the region.

Recommendation 4: Creating sustainable food systems to address malnutrition; member states are called upon to mainstream adolescent nutrition in existing

interventions under health, education and other key sectors; promote healthy lifestyles and the consumption of diversified and nutrient-dense staple foods and fruits, especially for children of primary, secondary and tertiary education; and monitor progress made in the implementation of action plans on nutrition.

Governance of ECSA-HC

Over the past 11 years, ECSA-HC has convened the Best Practices Forum (BPF) to address selected issues, guided by the theme for the next HMC, with the aim to share best practices and research evidence, identify relevant health policy issues and make recommendations to the DJCC, and ultimately to the HMC, towards improvement of health programming and outcomes in the region. As a platform where researchers, implementers and policy makers interface, the BPF serves to bridge the gap between research, evidence and decision making, and is a critical cog in the policy dialogue wheel in the region.

Conclusion

The process of Best Practices Forum for evidence to support decisions of Health Ministers in the region, illustrates a 'home-grown' mechanism through which ECSA-HC creates linkages among key stakeholders in the health sector, with policy makers engaging on thematic issues towards a common understanding. Research evidence (best practices) forms the basis of recommendations to the Health Ministers to consider as draft resolutions. Moreover, where lack of evidence is identified, the opportunity exists for demand-driven evidence generation, which then completes the research-evidence-policy-decision making loop. More needs to be done to ensure that the best evidence and practices are identified and presented at subsequent BPF.

Acknowledgements: We are grateful for the support from the member states, collaborating partners, civil society organisations and the secretariat staff towards the success of all BPFs.

I need you here...

Taking your HIV medication EVERY DAY can help you be here when I grow up. I heard there's a "Triple Pill" that can make it easier.



**Take a Triple a Day.
Every Day.**

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013. (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

