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Thank you.

UHC for Africa

This is the second issue of the Africa Health Journal (AHJ) from its new home at ACHEST, Kampala. In keeping with our commitment this issue features topics that support the achievement of Sustainable Development Goals and Universal Health Coverage (UHC) by equipping all actors with practical knowledge that inspires appropriate action at all levels.

The current focus of effort and thinking in Africa is how to get all countries to switch on their respective UHC programmes, building on existing national health plans and strategies so that by 2030 all people in Africa are accessing the health care that they need without financial hardship. There is trepidation among some political leaders that UHC is expensive and that it will disorganise the long-term development vision of their governments by diverting budgets away from other priorities. There is also the question of how to successfully manage national social insurance schemes and making them work for all, free from abuse. This issue of the AHJ has two articles on UHC. One of them encourages countries and political leaders to get started with the available resources and affordable service coverage packages and then grow this coverage over time. The second UHC article discusses how to organise PHC through the Family Medicine approach which enables teams of health professionals to practice and provide healthcare near the communities that they serve. The approach described here can be modified in line with existing country structures and systems and is not the case of 'one size fits all'.

There is an article that discusses Anti-Microbial Resistance (AMR), which is a global challenge to which Africa is both part of the problem and the solution, as

access to safe medicines is one of the challenges to achieving UHC. Today, regulated and disciplined access to antibiotics in many African countries faces two challenges: there are many who cannot access correct and timely antibiotic treatment due to health systems shortcomings, resulting in long term complications such as rheumatic heart disease; and yet it is possible in many African countries to walk into a pharmacy or drug shop and buy any antibiotic off the shelf without prescriptions and in amounts that their pockets can afford. This is one cause of AMR.

Non-communicable diseases are a growing health problem in Africa, and this issue contains articles that address mental health and congenital heart disease. These articles bring to light the magnitude of these underdiagnosed problems, which may not yet be apparent to policy makers and practitioners. With more awareness, mental health among health practitioners and the general population can be destigmatised. With wider access to ultrasonography, it should be possible to make early diagnosis of heart diseases and for countries to put in place referral systems for the populations to access specialised care.

Let me also draw your attention to our active AHJ website. Those wishing to advertise are welcome to do so through this online part of the AHJ which has a large readership.

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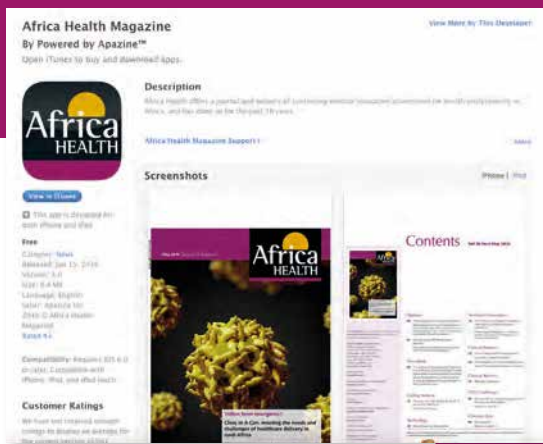
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