Inter-sectoral collaboration for COVID-19 response in Africa

ACHEST reports on its recent webinar on collaborative and inclusive approaches to strengthening healthcare delivery

Africa is the continent least affected by COVID-19. However, the trajectory of the pandemic on the continent is getting worse. The number of confirmed cases is rising and is now more than one million. African political leaders deserve commendation for the early actions that they took to curtail importation of the virus, but their efforts now need to swing to prevention of the increasing community spread.

The African Centre for Global Health and Social Transformation (ACHEST) organised an international webinar meeting on 26 August 2020 to exchange views on inter-sectoral collaboration (ISC) in the response to COVID-19 in Africa.

The objective of the meeting was to inspire African governments to pay attention to the potential of ISC and the Whole-of-Society approach for COVID-19 response; to build and sustain trust of the population through effective communication that reaches communities with credible information; and create awareness on the need to roll out decentralised governance structures that reach all individuals, households and communities.

The meeting was also intended to create momentum on efforts to prevent rising community transmission of COVID-19, ensuring timely case finding, contact tracing and promotion of social cohesion and national solidarity to suppress the pandemic. Indeed, urgent actions are required to actualise ISC as a primary health care strategy in Africa.

Scoping study

In 2017 ACHEST undertook a scoping study on the status of implementation of SDGs in 7 East and Central African countries: Ethiopia, Kenya, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe. Although all these countries had integrated the SDGs into the National Development Plans, the level of implementation of health-related SDGs was slower than expected. The SDGs are interconnected and interdependent. The study pointed out the need for countries to embrace ISC to accelerate the achievement of the SDGs.

As a follow-up to the seven country studies, ACHEST conducted another study to assess the level of ISC for health in Uganda. The study found that Uganda has a sound ISC framework for SDG implementation, coordinated by the Office of the Prime Minister. The enabling laws and structures are also in place. However, there is limited implementation of the framework due to silos in budgeting and programme delivery. The mindset and the culture of working in silos limits ISC implementation. For instance, the Youth Department of Ministry of Gender Labour and Social Development, the Adolescent Health division of Ministry of Health, and the Sexuality Education Unit of the Ministry of Education and Sports do not plan and implement jointly. The study also found that some donor projects are not integrated into country plans. At the lower levels in the communities, the study showed that social and cultural values are being eroded, and this is affecting the upbringing of young people. The findings show that young people are confronted with challenges of teenage pregnancy and high rates of child marriages. These challenges would best be addressed through coordinated efforts of government, cultural, religious and civic leaders.

The study recommended that efforts should be put into mindset change in the public service to transition programme planning and implementation towards ISC. Sector Wide Approaches or similar arrangements should be revitalised as they worked well in the past.

ACHEST is implementing a six-month pilot project that started in August 2020 to test the feasibility of ISC for advancing integrated people-centred health services at the community level using existing structures for general governance and health in Ngora District, Eastern Uganda. The project is premised on the principle that good health starts with, and is created by individuals, their families and the communities; and that individuals have the primary responsibility for maintaining their own health. The Village Health Teams established alongside village local governing councils maintain

Prof Francis Omaswa, Executive Director, ACHEST was the moderator of the webinar

Dr David Okello: Director, Health Systems at ACHEST presented on study findings from ACHEST on ISC for SDGs

Professor Khama Rogo: Lead Specialist at the World Bank Regional Office, Nairobi, Kenya discussed UHC

Dr Prosper Tumusiime: Acting Director UHC & Life Cycle Cluster, WHO/AFRO, spoke on the theme of 'health in all policies'

Dr Austen Peter Davis: Senior Advisor on Health, at Norwegian Agency for Development Cooperation discussed the Norwegian experience on social cohesion and equity

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health registers with records of the health status of each individual in each household and record the health practices, hygiene and health conditions of household members. They also follow-up patients at home and ensure that immunisation, maternal health and other health conditions are addressed. The main outcome of this effort enables communities to take charge of their quality of life and hold duty bearers accountable.

Universal Health Coverage

The COVID-19 pandemic is awakening us to the reality of ISC. Covid affects all sectors and the fight against it must be multi-sectoral. The three areas of intervention against the virus – Prevention, Testing and Treatment – cannot be done by only one sector. Each sector should take charge of the roles assigned to them. For instance, the emphasis on handwashing for COVID-19 prevention means that there should be adequate provision of water. This intervention alone, if handled well, will also control other disease conditions. Unfortunately, the pandemic has already cost us lives and livelihood across all sectors. There is indeed a need for Africa to look for solutions based on its local experiences and local data.

Health in all policies

The effects of the COVID-19 pandemic have gone beyond health, and are now affecting other sectors like the economy, education, transport, industry and employment. The experience from dealing with the Ebola outbreak in West African showed that communities have a critical role to play. But communities must have organised structures (community committees/councils) that allow equal participation of community members and structured dialogue with the technical teams for planning, decision-making and oversight. Such community structures are useful in times of epidemics. These structures can facilitate detection of suspected COVID-19 cases, help identify contacts of cases, and assist in sharing correct information to the communities. To play their roles effectively, communities need support to build their capacities on appropriate functions they should undertake. They also need to be financed and allocated funds from the public budget, based on priorities identified. The best way to integrate this is to incorporate the plans at the lowest level into the overall district plan. This works best where there is good decentralisation/devolution. There is also need for high level commitment and leadership in order to mobilise the Whole-of-Society approach. There is need for a legal framework to allow deliberate investment in inter-sectoral action work that permeates to the communities; and ensure development and funding of community-owned plans as an integral part of the district development plans.

Experience from Norway

The COVID-19 pandemic has shown the world what we have always known: that health is everything, and has major implications for education, food security, and access to water, transport, tourism, remittances and jobs. But we have to be careful when we talk about ISC. It becomes lost if we create plans that are overly complex or create objectives that are obscure; and if we undermine the capabilities of why we have certain silos, dividing things up so that things are doable.

For inter-sectorality to work, countries need strong and effective social and political commitments to health and human welfare as part of the national projects, to ensure equity and accountability.

Norway, a Nordic country with one of the best welfare indicators in the world, has benefited from the political developments in Europe. Regionally, countries in Europe tend to copy from each other when something is successful. It has cherished cultural values; to have empathy and feel concerned about something. For example, in education, the most attention is given to the weakest students.

Since Norway gained independence in 1905, it has had a strong internal solidarity and trust. Norwegians admire their tradition – it doesn't look well to put yourself above others. Accordingly, they strive to improve themselves. Norway is also democratic and has decentralised all power and wealth to the lower levels to the point that the state is made redundant. Accountability is strong and there are pragmatic attempts to achieve goals. Even in the 17th century, maternal deaths were investigated and registers kept, so data goes back to 300-400 years. Public commitment to equity is therefore important because it forces government investments in education and health; and to focus on priorities of a package of care that can be provided to everyone. There is a strong society with a strong commitment to equity and a political class that respects society. Africa needs a strong international voice and presence to correct the current imbalance in global dialogue as well as strong internal governance mechanisms.

Conclusion

ISC is an entry point into building cohesive societies which protect the weakest and in which the political class practices servant leadership. COVID-19 presents an opportunity for a new normal for Africa in which political leaders accord high priority to equity and social justice. The webinar emphasised the need to engage all stakeholders at global and national level and to implement interventions that empower communities to take charge of their life quality and contribute to suppression of COVID-19 spread and address all other health needs.