Universal Health Coverage at UNGA 79 – What we should be discussing

Allan Pamba discussed the current state of funding for achieving Universal Health Coverage (UHC) in Africa, with a particular focus on diagnostics. He also proposed actionable steps to address the challenges and pave the way forward.



UNGA 79

On 10 September, the world gathers for the 79th United Nations General Assembly (UNGA 79), and as 2030 approaches, the focus on health has never been more critical. 2030 is a deadline that all United Nations Member States have set to achieve universal health coverage (UHC) as part of the Sustainable Development Goals. The goal of UHC is to ensure that all people can access the health services they need without suffering financial hardship (WHO) [1,2].

We have just over five years to go and are at a critical stage when investment in health systems in low-to-middle-income countries, many of which are in Africa, is paramount. This includes investments in infrastructure, access to diagnostics and essential medicines, workforce capacity and robust health technologies. It is not a goal that any country can achieve in isolation. *This UHC goal is also not likely to receive an excessive amount of new international funding to expedite the process* [1,2].

So, while pursuing new funding streams from international organisations is undoubtedly still a significant priority, *perhaps governments should first look inward and scrutinise more effective use of currently existing health budgets to deliver more healthcare*.

Where we stand today

It has been 23 years since 55 African Union states signed the Abuja Declaration, committing to spend at least 15% of their national budgets on healthcare. On average, member countries only spent 7.35% of their national budgets on healthcare that year.4 By 2021, only two countries met the Abuja target. These were Cabo Verde (15.75%) and South Africa (15.29%) – well done both![3]

Diagnostics are the bedrock of effective healthcare. Last year's WHO Resolution on Strengthening Diagnostics Capacity acknowledges that diagnostics enable early detection, accurate treatment and efficient disease management, leading to improved health outcomes and budget cost-effectiveness6.

It is regrettable that the median availability of diagnostics is only 19% in basic primary care facilities surveyed in low-income and lower-middle-income countries. *No surprises there, because currently, only 2% of healthcare spending is allocated to Diagnostics*.[4,5]

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UNGA General Assembly

What we have vs what we can get

The recent *OECD (Organisation for Economic Co-operation and Development)* Report, "Investing in Health System Resilience," highlights the necessity of targeted investments to withstand future health crises. *Prioritising preventative care – particularly enhancing disease awareness and diagnostic capacity – is crucial for improving health outcomes and driving economic growth*.[6]

Given this context, perhaps we could consider that healthcare financing in Africa is FIRST about how we better apportion currently available funding and only SECOND about how we raise new funding.

Trading up to achieve UHC

Looking ahead to UNGA 79 in September and anticipating the discussions regarding healthcare financing, two key areas emerge: optimising existing health budgets in general, and more specifically, appropriately balancing budgets between diagnostics and treatment.

Before new funding streams are secured, policymakers must make a "trade-off" – or trade-up. First, governments must ensure the efficient use of health budgets. With visionary leadership, there is significant scope to reduce wastage of public finances and harness public-private partnerships to stretch available budgets.

Although not perfect, programmes such as Kenya's managed equipment services (MES), financed by the World Bank, have shown potential for elevating healthcare standards expeditiously. MES ensures that public hospitals have access to modern health infrastructure, equipment and services over an agreed period, with the government making regular, pre-arranged payments to private sector vendors based on agreed performance parameters.7

Where there is political will, visionary leadership and committed partners, anything is possible, including UHC! One of Africa's finest – and most recent – examples of public-private synergy in action is Egypt's seemingly unprecedented triumph over hepatitis C, a major cause of liver cancer. This cancer was once a leading cause of death in the country and a severe threat to national productivity. In partnership with the World Bank and Roche Diagnostics, among other key stakeholders, Egypt has effectively eliminated hepatitis C in under a decade and is the first country to achieve "gold tier" status on the path to eliminating hepatitis C as per the designated WHO criteria.8

Many African families are living on the edge of survival. Like Damocles' sword, a single catastrophic health event spirals the family into abject poverty, often never to return. New financing models could be co-created to pool risks. These would provide populations with protection by enabling access to necessary interventions without spiralling into abject poverty – read, Universal Health Insurance.

Five years and counting – closing thoughts

African Governments should claw back from the unyielding effort to be the dominant player in healthcare delivery. After 60 years of this model, it is time to accept it is too challenging from an efficiency perspective. The role of government should instead be heavier on setting strategic direction and priorities, regulation, creating health markets and ensuring equity. This shift would allow the private sector to deliver healthcare services, filling critical capacity gaps more efficiently. Donor funding should be integrated into national health strategies, moving from vertical programmes to more holistic approaches that address multiple health needs.

UNGA 79 promises to deliver many eye-opening discussions about achieving the 2030 UHC goal in time. The next five years will require consensus and a concerted effort from all stakeholders to prioritise healthcare financing, strengthen diagnostic capacity and establish public-private partnerships to get us over the finish line.

Strong Political will, more efficient use of available resources and innovative financing models will be essential in making UHC a reality, particularly in regions like Africa that face unique challenges – but also harbour many opportunities.

Further reading

1. WHO Universal Health Coverage
2. UN SDG Goals
3. Abuja Declaration
4. WHO Resolution on Strengthening Diagnostics Capacity
5. Medtech – Value of Diagnostic Information
6. OECD – Investing in Health System Resilience
7. World Bank Blog – How Managed Equipment Services in Kenya help the private sector contribute to healthcare
8. How Egypt Won its Battle Against Hepatitis