NCD Alliance
East Africa

NCD UHC POLICY

Universal Health Coverage for East African Countries

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1.0 Executive Summary

The East African Community, located in the Great Lakes region of East Africa, comprises of Burundi, Rwanda, Kenya, Tanzania, Uganda and South Sudan accounts for a population of 177 million people. Recently, Democratic Republic of Congo has also joined the EAC countries[1] . The East African Community has significant political and social over-lap among member countries, with integrated disease surveillance efforts[2] . The countries in the region are all classified as low-income countries, defined by a gross national income of less than $1,045 per capita, as calculated using the World Bank Atlas[3] . In addition to confronting the globally prioritized non communicable diseases–cardiovascular disease, diabetes, cancer, and lung disease, East Africa Region also faces other important non-communicable diseases including rheumatic heart disease, sickle cell disease, injuries and mental illness[4] . Currently, 40 percent of deaths in East Africa are attributable to non-communicable diseases and are expected to overtake communicable diseases as the leading causes of death in sub-Saharan Africa which includes East Africa over the next twenty years[5].

East African Community (EAC) face challenges in administering health care and receive substantial disease-specific external funding while having greatly underfunded overall health systems. Funding of NCDs in these countries often is out-of-pocket and is dependent on patients' ability to pay[6].

Universal Health Coverage (UHC) is the cornerstone in addressing NDCs. To achieve UHC in the East African community needs a multi-faceted approach which includes, provision of care for those NCDs not receiving care and raising the fraction of health spending financed through pooled funds to improve financial protection[7].

Some of the other approaches includes; Promote Multinational and inter sectorial approaches, Support Opportunities for private sector growth, Optimize Healthcare Financing, Health budgetary commitment and Investment in Innovative healthcare Financing. The benefits for implementing UHC are both health, political, societal and economic.

2.0 Introduction.

Universal Health Coverage (UHC) is defined as the desired outcome of health system performance whereby all people who need health services receive them, without undue financial hardship.

Dr. Humphrey Karamagi (Sustainable Development Goal Coordinator, WHO AFRO) pointed out that

"Only when countries ensure equitable access to, and full utilization of, quality healthcare services, will they be able to meet their health and development goals. We need to accelerate innovative service delivery approaches which can be scaled up for both easy and hard-to-reach populations. This will ensure everyone is getting the services they need everywhere and every time[8].

Tackling NCDs and their key risk factors effectively, requires a detailed understanding of the current status and progress being made at the country level.

The global burden of NCDs constitutes a major public health challenge that undermines social and economic development throughout the world including EAC countries, the burden of NCDs also leads to increasing inequalities between countries and within populations in a given country[9].

[1]Overview of EAC - East African Community https://www.eac.int › overview-of-eac
[2]East African Integrated Disease Surveillance Network https://www.eac.int › health › disease-prevention › east
[3]New World Bank country classifications by income level: 2021 ...https://blogs.worldbank.org › opendata › new world bank
[4]Noncommunicable Diseases In East Africa - Health Affairs https://www.healthaffairs.org › doi › hlthaff.2015.0382
[5]Fighting non-communicable diseases in East Africa https://gh.bmj.com › content
[6]Noncommunicable Diseases In East Africa: Assessing The ... https://www.ncbi.nlm.nih.gov › articles › MC4568565
[7]Universal health coverage (UHC) https://www.who.int › Newsroom › Fact sheets › Detail
[8]Delivering quality health services https://apps.who.int › iris › 9789241513906-engPDF
[9]Noncommunicable Disease and Poverty https://apps.who.int › iris › 9789290612346_eng

Sub-Saharan Africa has seen a rapid increase in non-communicable diseases (NCDs) over the last decades. Between 1990 and 2017, the proportion of all disability adjusted live years (DALYs) attributable to NCDs raised from 19% to 30% of the total burden, given this trajectory, NCDs will overtake communicable, maternal, neonatal diseases and nutritional conditions as cause of mortality by 2030, and causing the double burden of disease[10].

Available body of evidence has linked the rising burden of NCDs to several factors including globalization of trade, rapid unplanned urbanization, changes in nutrition, demography and environmental factors including climate change and air pollution. These risk factors are becoming increasingly prevalent and are accelerating the burden of NCDs in East Africa.

Estimates of age-standardized mortality suggest that patients in sub-Saharan Africa may have up to threefold higher mortality rates than similar European cohorts for NCDs[11]. This seems to be largely attributable to disparities in care, as the prevalence of some NCDs among these regions is similar[12].

There are numerous knowledge, policy, and implementation gaps regarding NCDs in East Africa, from basic science research and medical training to health care service delivery and public health initiatives. An analysis by the Global Forum for Health Research shows that despite an increase in overall funding for global health research that has grown steadily at a rate of US$20 billion per year, little has been devoted to the study of NCDs[13].

Africa continues to face a significant brain drain" to higher-paying countries. Uganda currently has one-third of the WHO-recommended minimum number of health care workers[14]. However recent agreement to send 300 Ugandan health care workers to Trinidad and Tobago in exchange for oil exploration assistance high-lights conflicting government priorities in the region and exacerbates the human resource shortage[15]. Deficits in knowledge and confidence related to NCDs have been documented among health care workers in the region, but little is known about the factors contributing to these deficits and how they affect the quality-of-care provision[16].

3.0 Why East African Community and UHC

The concept of UHC is firmly rooted in the principle that the highest attainable standard of physical and mental health is a fundamental human right, which all member states of the UN are committed to deliver as part of the SDG by 2030[17]. EAC Countries are part of the UN commitment and prioritize on implementing UHC. UHC is the single most powerful approach that public health has to offer, and vital for sustainable human development.

A newer, innovative approach in addressing NCDs and UHC is embodied by the World Health Organization's (WHO's) Package of Essential NCD Interventions for Primary Health Care (PHC) in Low Resource Settings. This is a "prioritized set of cost-effective interventions" that is meant to result in highquality care while strengthening the "building blocks of the health system" and integrating NCD management into the PHC system.

[10]Burden of non-communicable diseases in sub-Saharan Africa ... https://www.thelancet.com › langlo › article
[11]Noncommunicable Diseases In East Africa: Assessing The ...https://www.ncbi.nlm.nih.gov › articles ›PMC4568565
[12]Global health 2035: a world converging within a generation - The ...https://www.thelancet.com › lancet › article
[13]Annual Report WHO Uganda 2020 WEB.pdf https://www.afro.who.int › sites › default › files
[14]Noncommunicable Diseases In East Africa: Assessing The ...https://www.ncbi.nlm.nih.gov › articles ›
[15]Non-Communicable Disease Risk Factors Among Caregivers .https://www.ncbi.nlm.nih.gov › articles
[16]Universal health coverage (UHC) https://www.who.int › Newsroom › Fact sheets
[17]Financial Protection - World Bank Documents http://documents1.worldbank.org

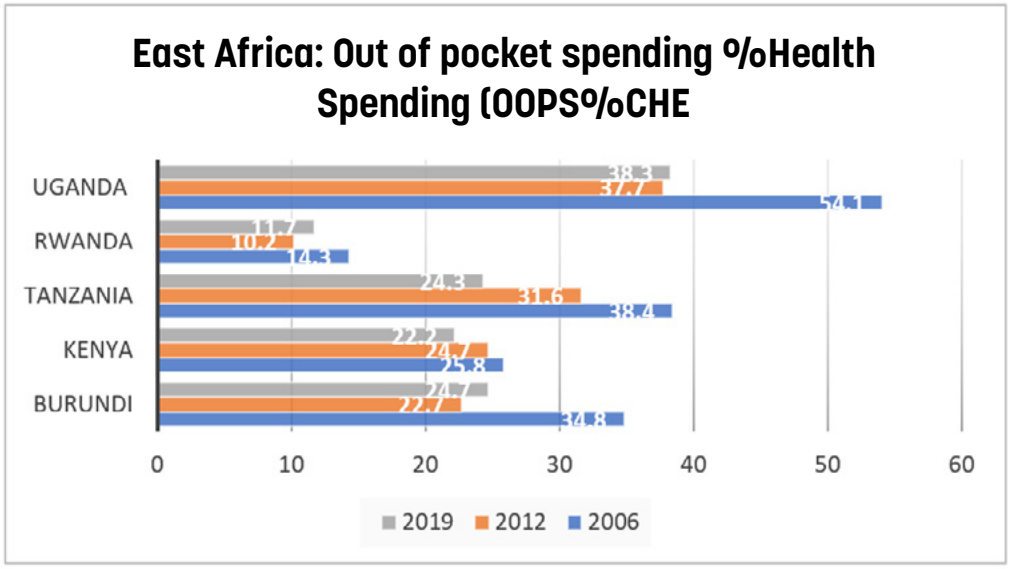
TABLE 1: Per capita expenditure on health in USD for the years 2006-2019 in East African countries

COUNTRY	YEARS		
	2006	2012	2019
UGANDA	32	55	32
KENYA	40	64	83
TANZANIA (incl. ZNZ)	36	42	40
BURUNDI	17	22	21
RWANDA	28	59	51

Source: WHO Global health expenditure data base

The table 1 above shows that Health per capita spending ranged from the lowest of US 21 in Burundi to the highest of US $ 83 in Kenya in the year 2019. It also shows an increasing trend in per capita spending on health. All East African Countries are above the conservative 30-40 US$ per capital expenditure on health recommended by the Commission on Macroeconomics of Health. However Burundi, Tanzania, Rwanda and Uganda are below the WHO recommended minimum of US $60 per capita expenditure on health for low developing countries.

Figure 1: Out of pocket Health Spending



Out Of Pocket: Out-of-pocket expenditure accounted for more than 40 percent of private expenditure on health in all the five countries. Evidence from various studies Fig. 1 suggests that the incidence of catastrophic expenditures in households increases significantly when out-of-pocket expenditure exceeds 15 percent of total health expenditure. It is therefore quite likely that households in these countries, whose out-of-pocket expenditure is above the 15 percent of total health expenditure, could be experiencing financial catastrophe with impoverishing consequences[18].

[18]Pooling arrangements in health financing systems https://equityhealthj.biomedcentral.com › articles

4.0 EAC Approaches towards UHC

4.1 Promote Multinational and Ministerial Approach

- Countries should continue investing in and delivering health-promoting social services (clean and safe water, electrification, roads, education etc.)
- Promote an inter-Ministerial approach in implementing UHC coordinated under one common designated East African Health administrative portfolio
- Incorporate UHC-relevant educational curricula through the members' countries so that the knowledge, attitude and practice especially towards promoting preventive community health; is embraced and instilled as a civic duty to all from an early age.
- Undertaking or enforcing tax reforms that promote pro-health taxation on health risking products items such as cigarettes, sugar and fossil fuels that will on one hand limit production and on the other, generate revenue that can be redirected to boost the health budget allocated for community based health promotion and intervention and indirectly contribute in achieving SDG target 3.8 of including 1 billion people in UHC globally by 2023.

4.2 Opportunities for private sector growth

- **Financial protection:** Risk pooling through a mix of public and private funding models, so as not to compromise on equitable models of healthcare delivery that provide both access and affordability
- **Strengthening health service delivery:** Private investment in infrastructure, investment in secondary and tertiary-care provision, mobilization of additional resources to meet needs, strong network of supply chain that guarantees effectiveness, introduction of new services and products that enable the ease of healthcare delivery, etc.
- **Inputs:** Capacity-building through local manufacturing of quality and up-to-standard pharmaceutical products, trained and skilled workforce, data collection and monitoring frameworks, thus enhancing the economic, social and health output of the continent
- **Good governance:** Participatory governance with appropriate channels of accountability and regulation with representation from all aspects of the EAC health services industry.
- **Fostering innovations:** Enabling technology to fill health systems needs and introducing innovations that would benefit the wider populations that don't have access to education and advanced technology.

4.3 Optimize Healthcare Financing

- Promote population-wide opportunities for private sector growth data subscription into available country's health insurance schemes as appropriate such as NHIF, CBHF and La Carte d'Assurance Maladie (CAM) as well as promoting Out-Of- Pocket payment (for those who can afford it) to reduce the burden of including into UHC those who cannot be insured and those who cannot pay out of the pocket.
- Foster, Promote and Support development of Public Private Partnerships into delivering healthcare so as to maximize healthcare provision to East African Community.

4.4 Health budgetary commitment and Investment in Healthcare

- Increase healthcare budget from the current 7% of the total national annual budget to at least 15% (as per Abuja Declaration)
- Increase healthcare worker staffing levels to match investment in healthcare infrastructure.
- Sustain and increase investment in availability of essential medical products in a pattern that optimizes coverage to most patients
- Streamline pathways of care through the healthcare level echelon in empowering PHC to take care of patients at community level.

4.5 Innovative Financing

– Government Tax: African Governments committed, through the Abuja Declaration, to allocate and spend at least 15 percent of government funds to health. Supportive taxation approaches should be introduced to achieve the 15 percent commitment[19].

5.0 Benefits & implications

Benefits can be reaped as long as the approach is evidence based and tailored to needs and priorities such are:

- **Political and Societal Benefits:** Increasing the trust and patriotism of the citizens to our East African's Governments
- **Economic Benefits:** Generate and support employment into healthcare sector especially into community-based preventive sector that will culminate into saving money that in turn, can be invested in relevant research and development in community health. Also money saved through disease prevention, can be directed in investing to higher aspects of healthcare. Provide financial protection and boost productivity that will galvanize the East African's Countries into industrialized economy as a larger section of healthy workforce will be available for productivity.
- **Health Benefits:** Increased population universal health access and hence improving the East African health status indicators with a preferential gain occurring to poorer section of the population. Improved general community health security and boosting overall population immunity against epidemics and pandemics such as Cholera, Ebola, COVID-19 etc.

6.0 Recommendations

- Assess the current status of domestic NCD responses against the nine global voluntary NCD targets and the SDG target on NCDs and identify the barriers and opportunities for scaling up the national NCD response. This should include the social, economic and commercial determinants, multilevel and multi-sectoral governance, and in translation and implementation research to advance NCD prevention and control.
- Assist and support in the development of the implementation road map across the strategic directions and actions at the global, regional, country and local levels.
- **Documentation of what is existing** on the grounds from each member state, in promoting a set of activities/ practices that support UHC and build up from that point as we roll it out nationwide. Focus should be on building capacities around communities for each member state by bolstering PHC Harness joint efforts from developmental partners, health agencies, regional blocks, and national and governmental collaborative initiatives and re-direct them towards achieving UHC through health systems strengthening

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- Strengthening of country-based health Insurance schemes and public-private partnerships in supporting healthcare financing as a fulcrum towards achieving UHC.
- Promote and enforce multi and inter-sectoral approach for member state in fostering and sustaining UHC
- Prioritize the NCDs agenda in the health development plans and fully implementing tobacco, alcohol, unhealthy food and physical activity legislations and policies as recommended by the WHO.
- EAC countries should institutionalize national multisectoral coordination mechanisms for NCDs and provide more financial resources for the health sector and in particular NCD programmes to reach the 15% national budget target for health imparted by the Abuja declaration.
- The main delivery method for NCD care packages should be through primary health care-based services, supported by service delivery guidelines.
- Revenues for the health sector can be generated by fully implementing taxation of alcohol, tobacco and unhealthy food and drinks.
- Strengthened NCD monitoring and evaluation systems and frameworks, including health information systems to monitor NCD morbidity, mortality and risk factors require increased attention.
- Prioritiesing a more favorable environment for CSOs and organizations of people living with NCDs (PLWNCDs) and increased funding.

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