Universal Health Coverage in Africa Institutions, Incentives, and Politics

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- Africa’s rising ..
- The New Frontier
- This is not 20th century Africa

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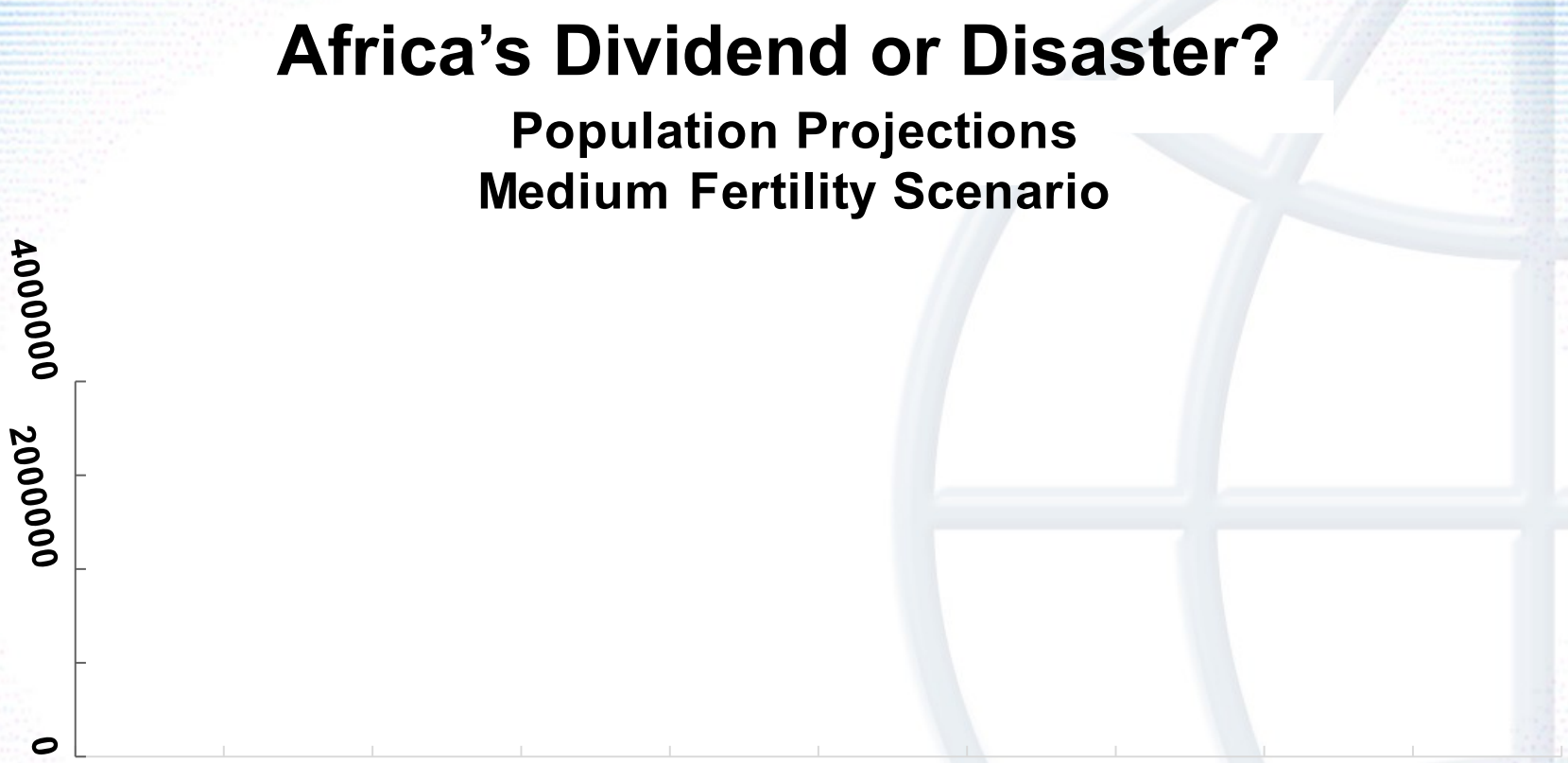
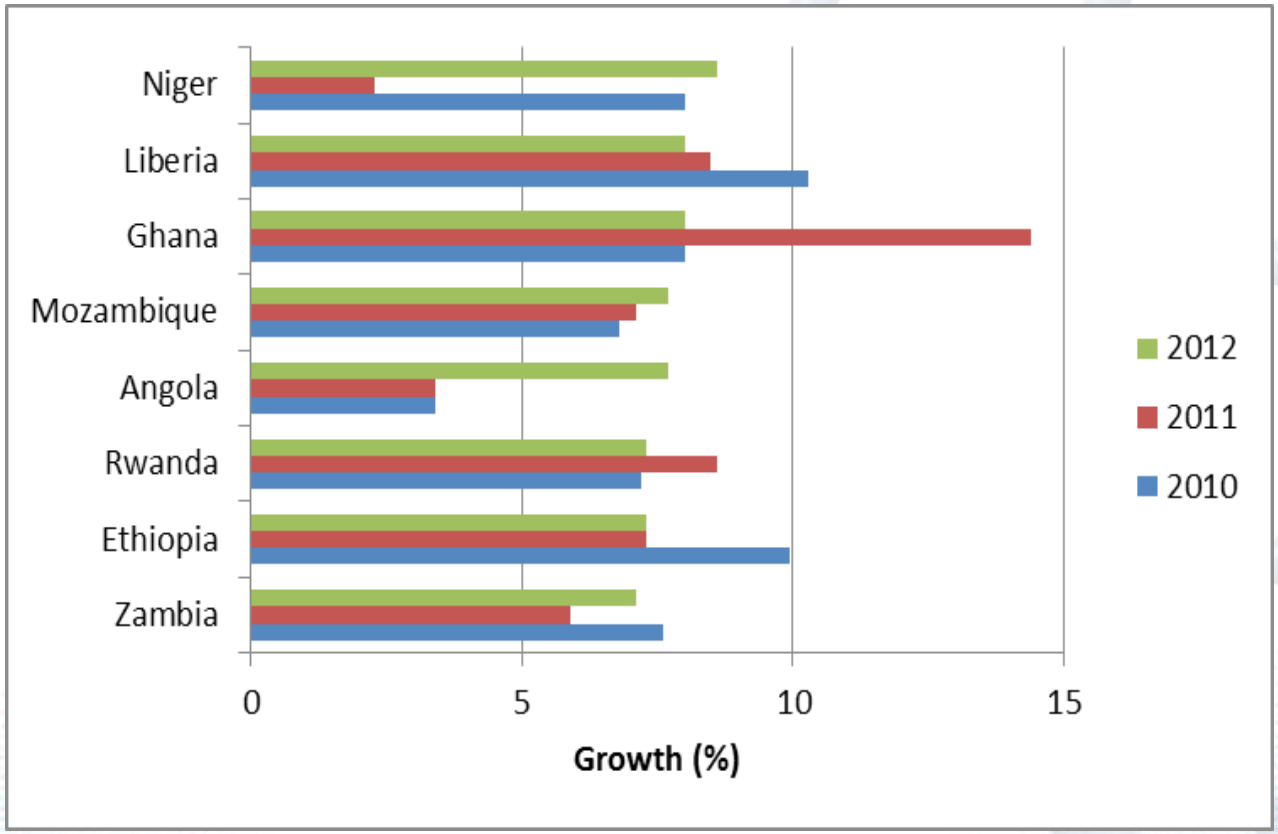
Demographics will drive Africa's near future



Source: adapted to World Bank regions using data from United Nations, Department of Economic and Social Affairs, Population Division (2013).

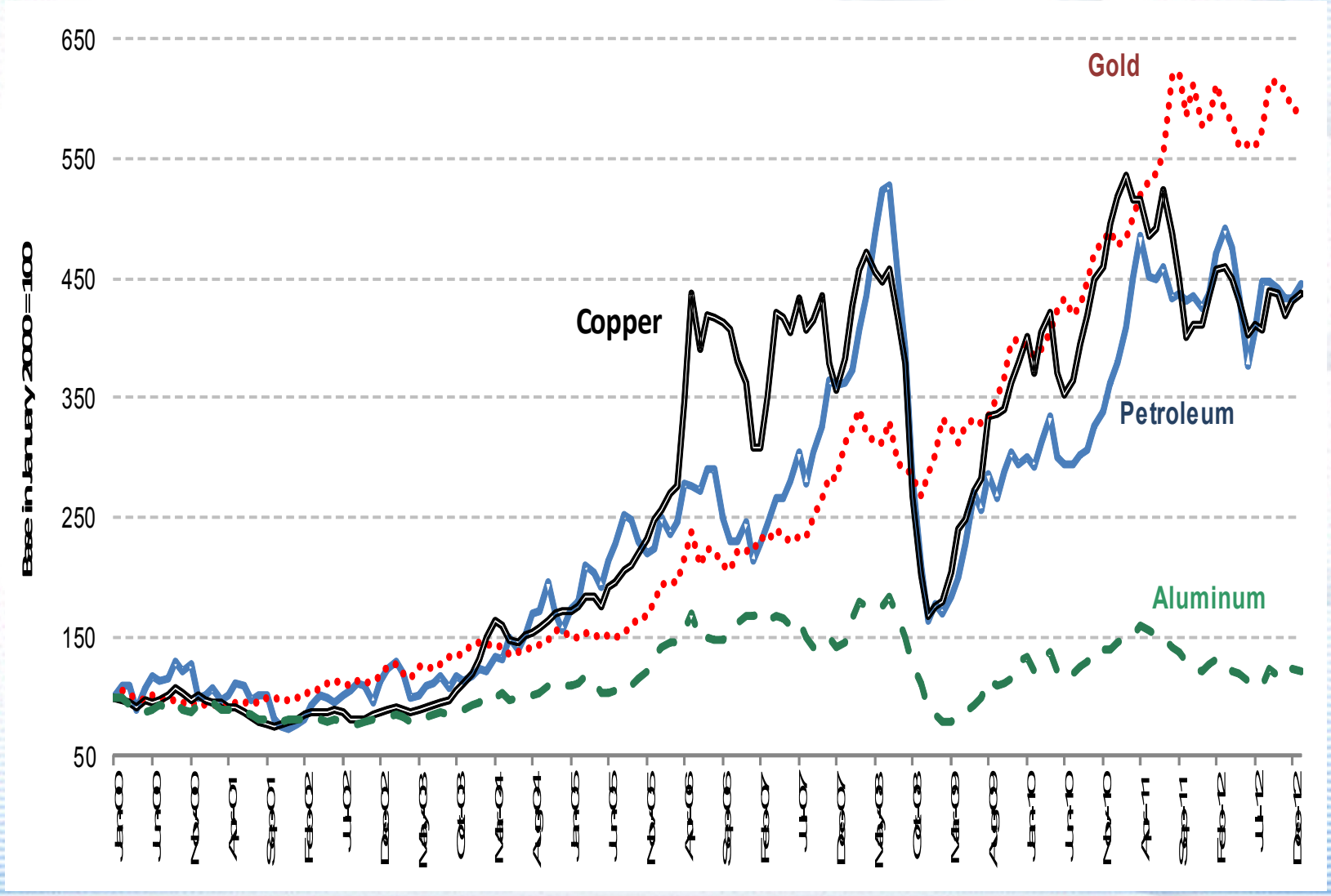
Rapid and sustained economic growth

- 5% a 8% per year
- Six of the most dynamic countries are in Africa



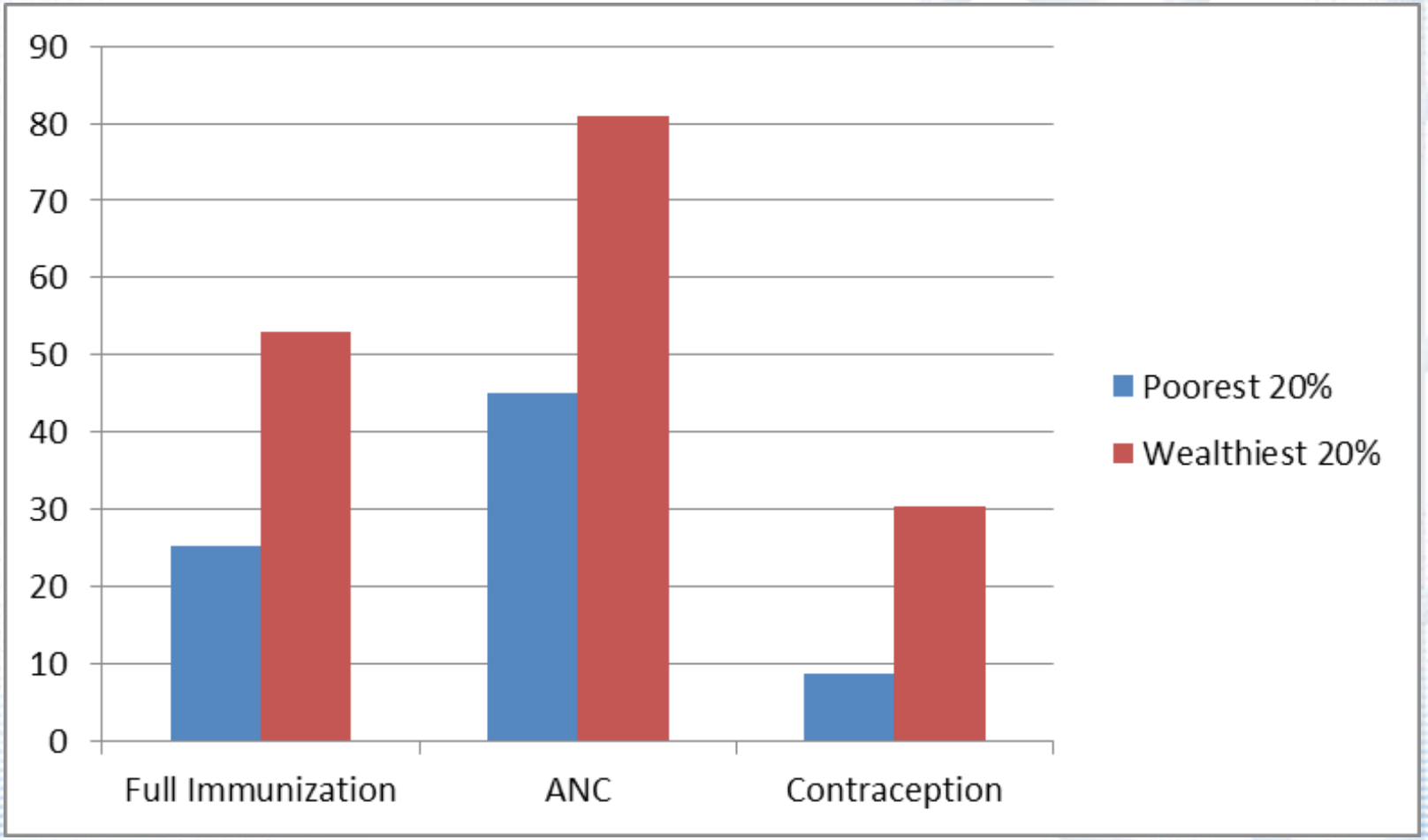
Source: Economist & IMF

Economic Growth driven by natural resources



But growth is not inclusive…

Large and persistent inequalities in use of services



Population Weighted Averages from: Benin, Burkina Faso, Cameroon, CAR, Chad, Comoros, Cote d'Ivoire, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbabwe

Structural Transformation

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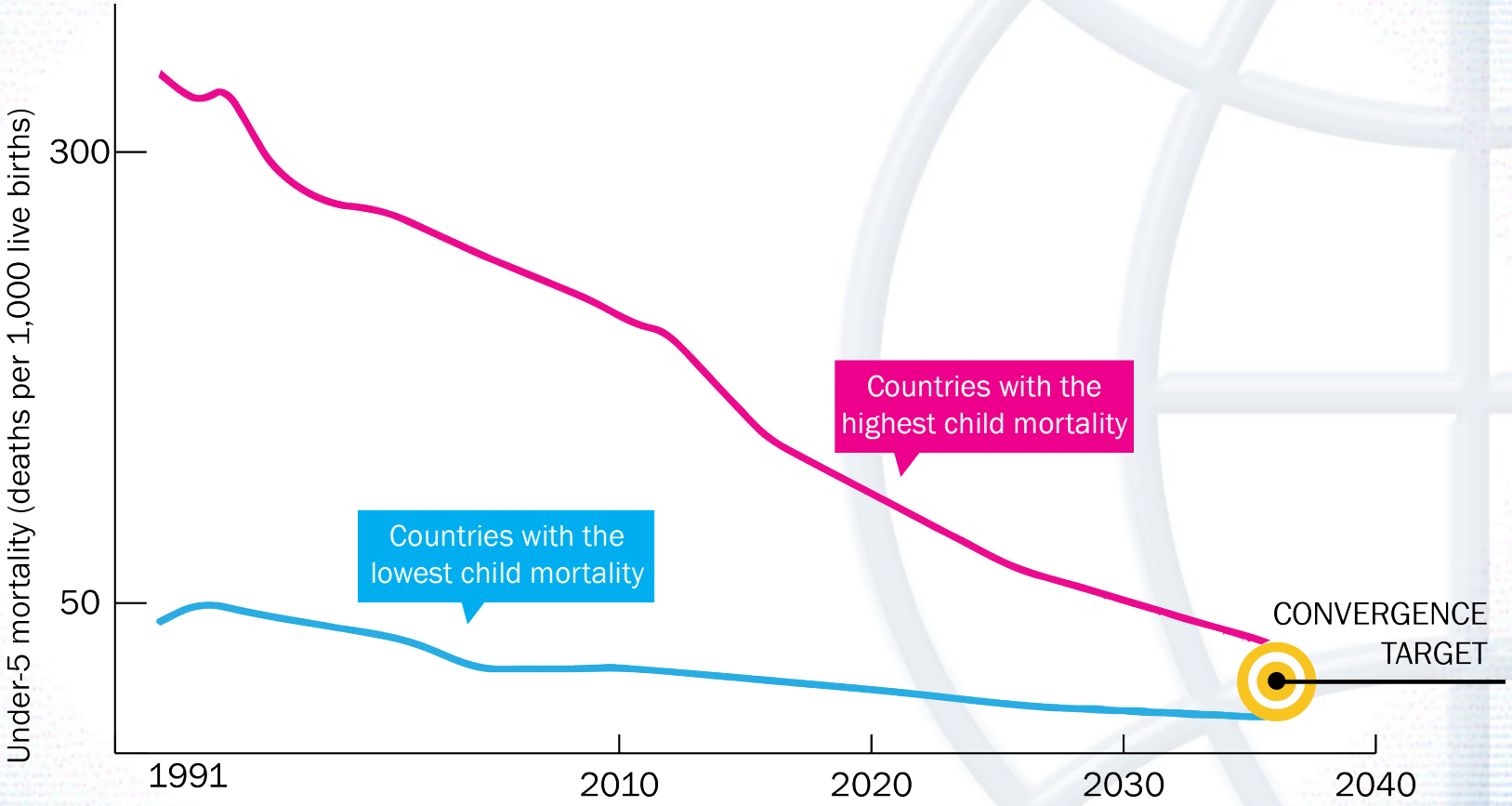
The Grand Convergence

Almost all countries could reach it by 2035



Commission on Investing in Health 2035 The Lancet

Reaching the convergence in Africa is challenging

Of the **20** countries with the lowest Contraceptive Prevalence Rate (CPR), **19** are in SSA

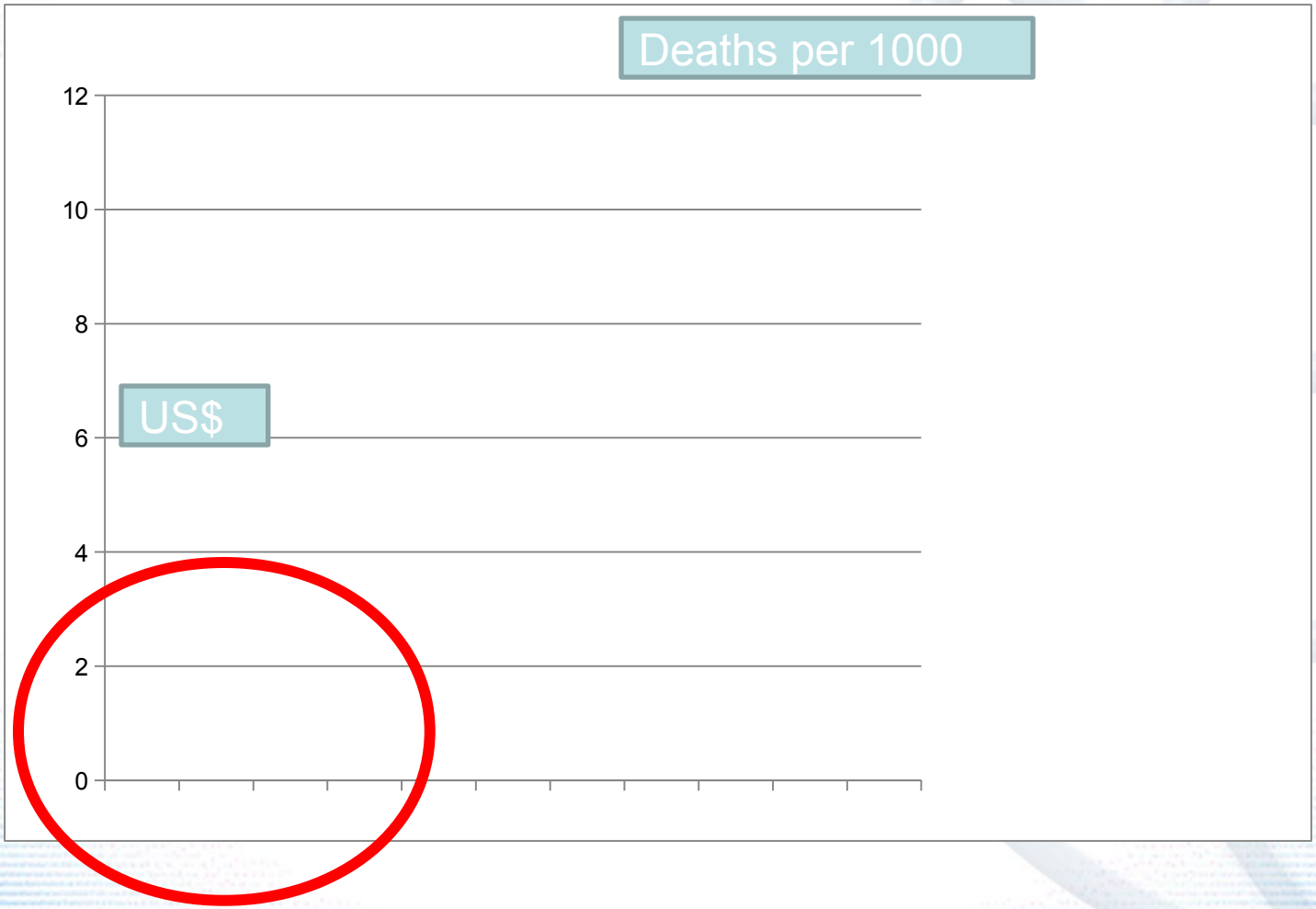
	CPR latest	Rank CPR
South Sudan	**4.0**	**194**
Chad	**4.8**	**193**
Angola	**6.2**	**192**
Eritrea	**8.0**	**191**
Mali	**8.2**	**190**
Sudan	**9.0**	**189**
Guinea	**9.1**	**188**
Mauritania	**9.3**	**187**
Equatorial Guinea	**10.1**	**186**
Sierra Leone	**11.0**	**185**
Liberia	**11.4**	**184**
Mozambique	**11.6**	**183**
Cote d'Ivoire	**12.9**	**182**
Senegal	**13.1**	**181**
Gambia, The	**13.3**	**180**
Macedonia, FYR	**13.5**	**179**
Guinea-Bissau	**14.2**	**178**
Nigeria	**14.6**	**176**
Somalia	**14.6**	**175**

Of the **20** countries with the lowest coverage of Skilled Birth Attendance (SBA), **12** are in SSA

	SBA latest	Rank SBA
Ethiopia	**10.0**	**197**
Niger	**17.7**	**196**
South Sudan	**19.4**	**195**
Chad	**22.7**	**194**
Sudan	**23.1**	**193**
Haiti	**26.1**	**192**
Eritrea	**28.3**	**191**
Timor-Leste	**29.3**	**190**
Bangladesh	**31.7**	**189**
Somalia	**33.0**	**188**
Yemen, Rep.	**35.7**	**187**
Nepal	**36.0**	**186**
Lao PDR	**37.0**	**185**
Afghanistan	**38.6**	**184**
Nigeria	**38.9**	**183**
Pakistan	**43.0**	**182**
Kenya	**43.8**	**181**
Madagascar	**43.9**	**180**
Guinea-Bissau	11 **44.0**	**179**

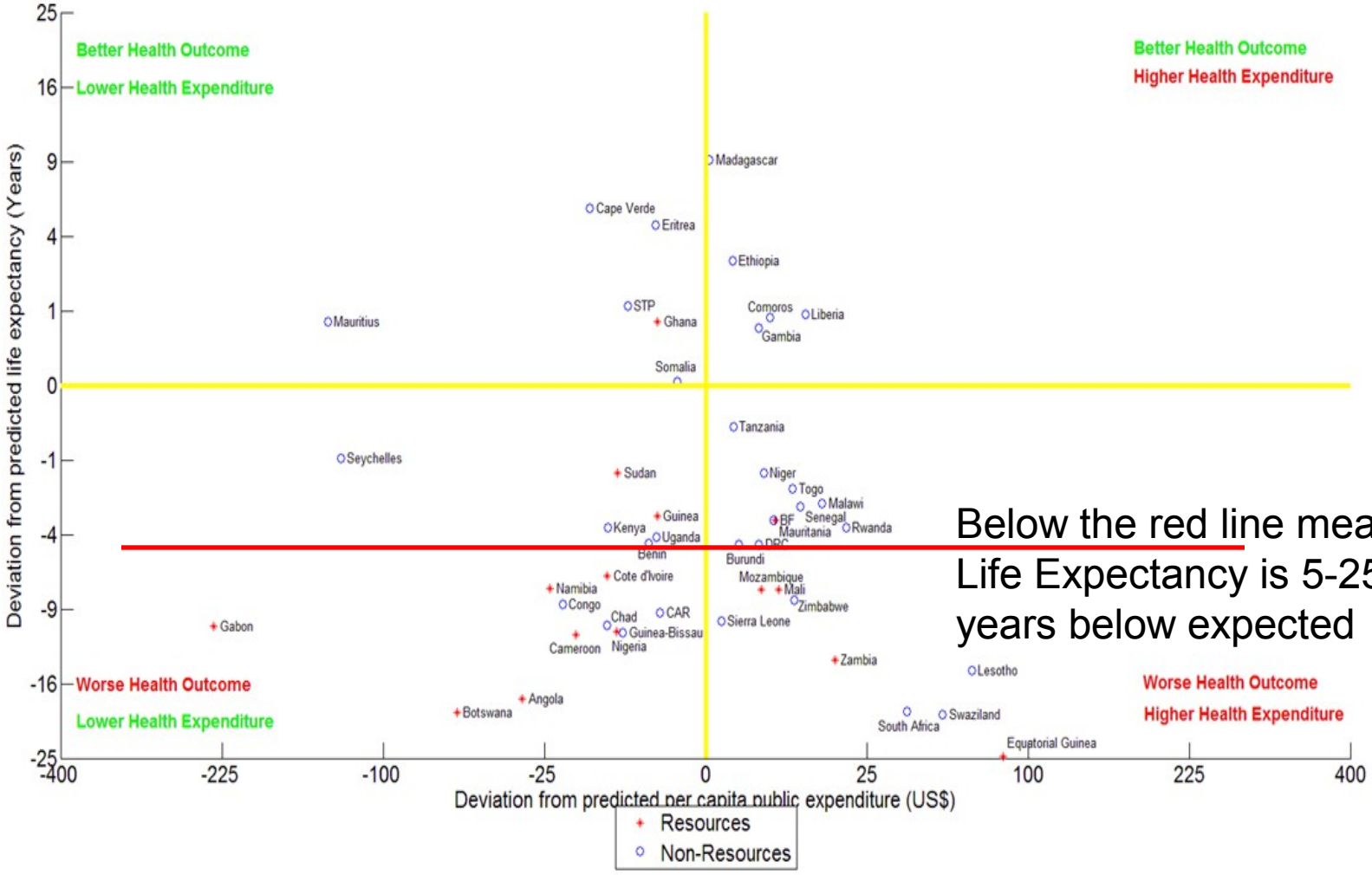
Not a money issue?

Sub-Saharan Africa performance below South Asia ..



Most SSA Countries in Underperform

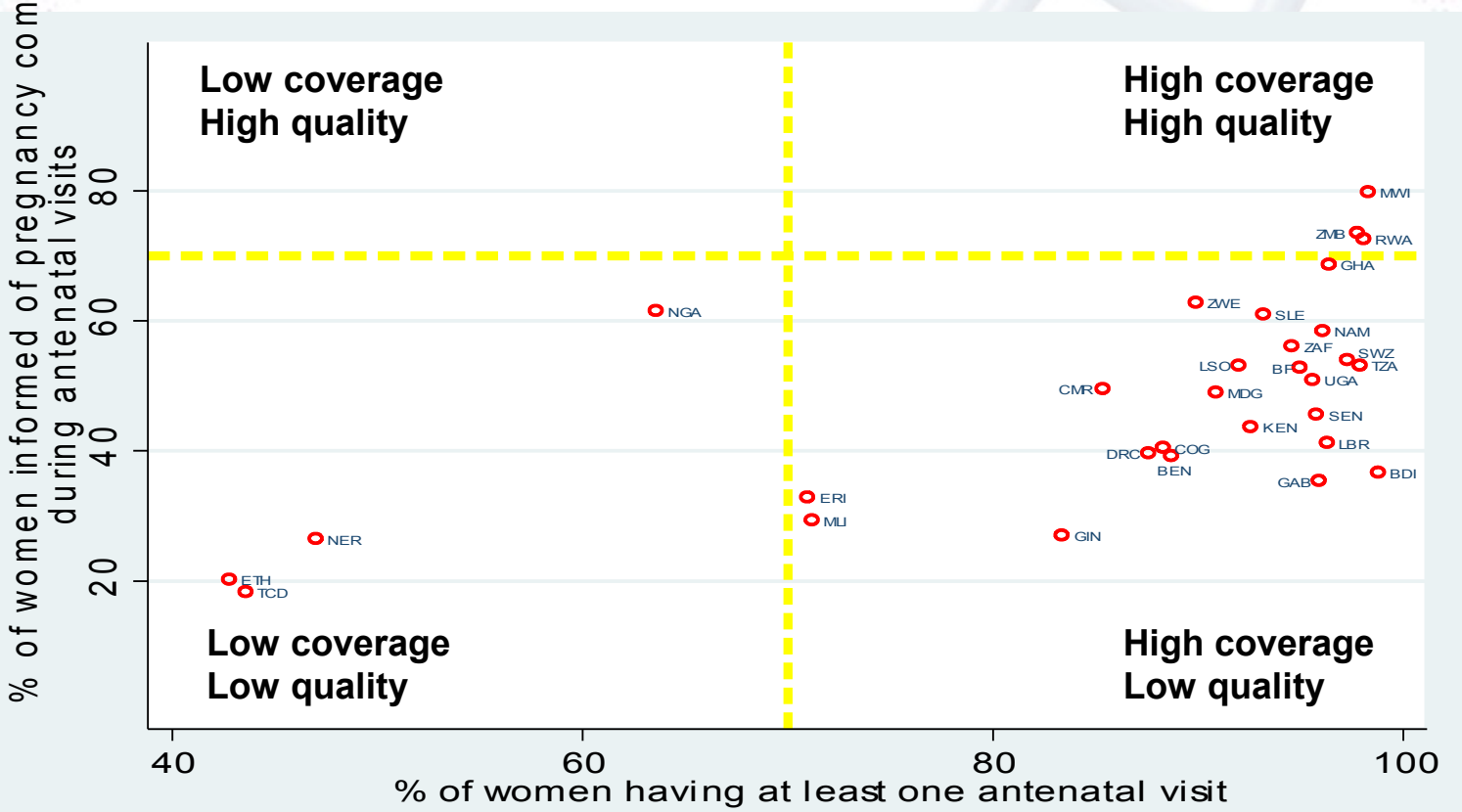
(controlling for GDP/capita and Education)



Below the red line means Life Expectancy is 5-25 years below expected

A service delivery issue

Even is access is high, quality is low



Note: quality of care is measured as percentage of women informed of pregnancy complications during antenatal visits. Data source: most recent DHSs. Benin (BEN), Burkina Faso(BF), Burundi(BDI), Cameroon(CMR), CAF(CAR), Chad(TCD), Congo(COG), Eritrea(ERI), Ethiopia(ETH), Gabon(GAB), Ghana(GHA), Guinea(GIN), Kenya(KEN), Lesotho(LSO), Liberia(LBR), Madagascar(MDG), Malawi(MWI), Mali(MLI), Namibia(NAM), Niger(NER), Nigeria(NGA), Rwanda(RWA), Senegal(SEN), Sierra Leone(SEN), Sierra Leone(SLE), South Africa(ZAF), Swaziland(SWZ), Tanzania(TZA), Togo(TGO), Uganda(UGA), Zambia(ZMB), Zimbabwe(ZWE)

Uganda …

Service Delivery Indicators (SDI)

	National	Public	Private	Rura Publicl	Urbain Public
Capacity					
Diagnostic (%)	58.1	56.2	60.6	50.3	70.4
Compliance to standards (%)	49.7	48.4	51.5	43.1	61.0
EFFORT					
Number of cases	6.1	9.9	2.2	10.4	4.9
Absenteism (%)	46.0	51.7	39.2	51.7	51.5
INPUTS					
Availability of drugs (all; %)	47.5	40.3	54.8	39.7	46.4
Equipement Minimum(%)	81.6	78.4	86.7	77.7	88.0
Infrastructure (%)	63.7	47.9	79.6	45.1	73.5

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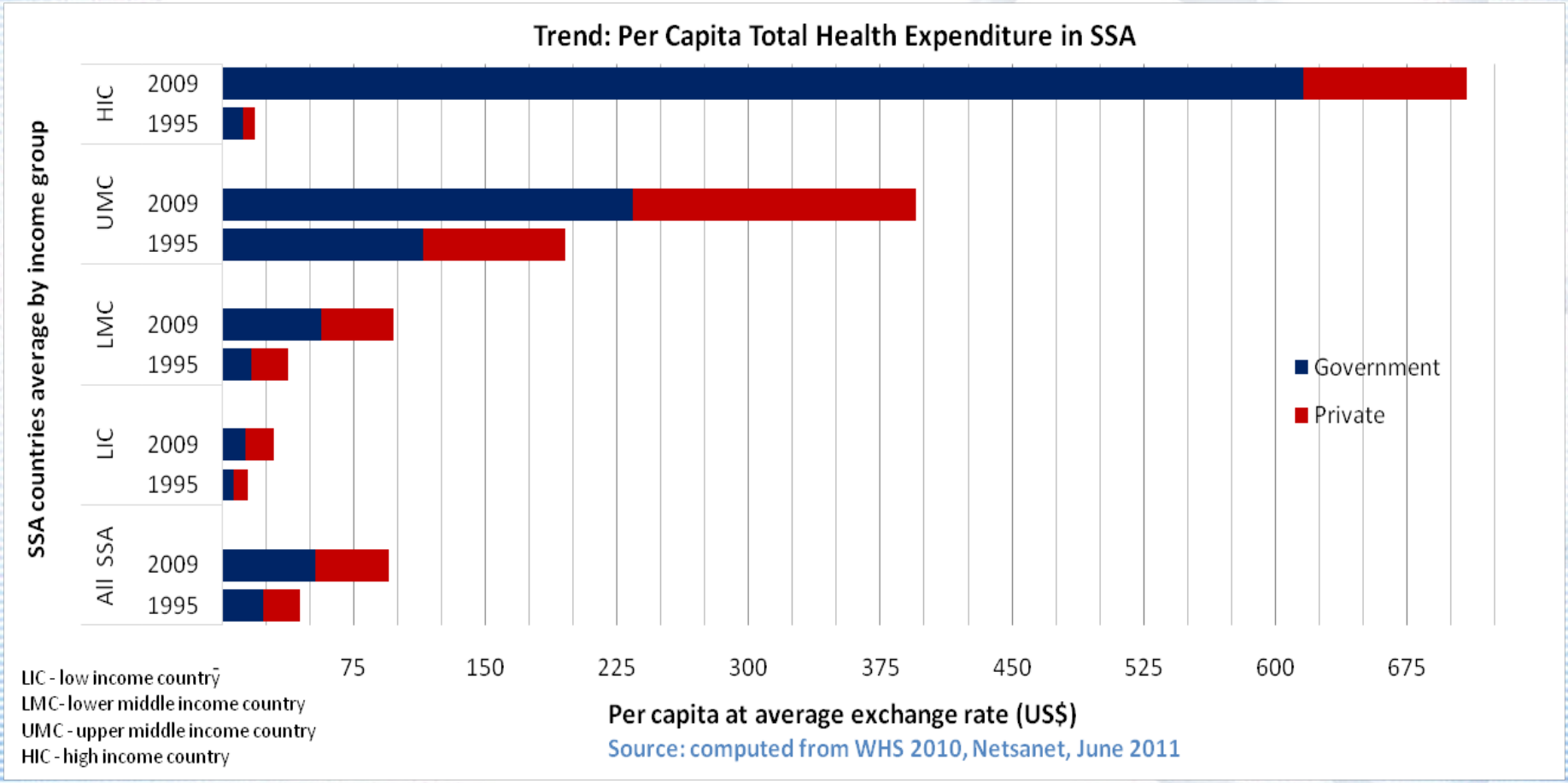
Historical Shift

1. Colonial Legacy: Weak inheritance with a strong disease control approach with Urban focus
2. Cold War Independence Emergence: Civil-service centric model--Soviet model
3. Structural Adjustment Programs (SAPs)
4. 90s Liberalization Movement: A large, mixed and unregulated sector with weak institutional mechanisms
5. Bamako Initiative
6. Donor Emergence for Health:

Donor Emergence for Health:

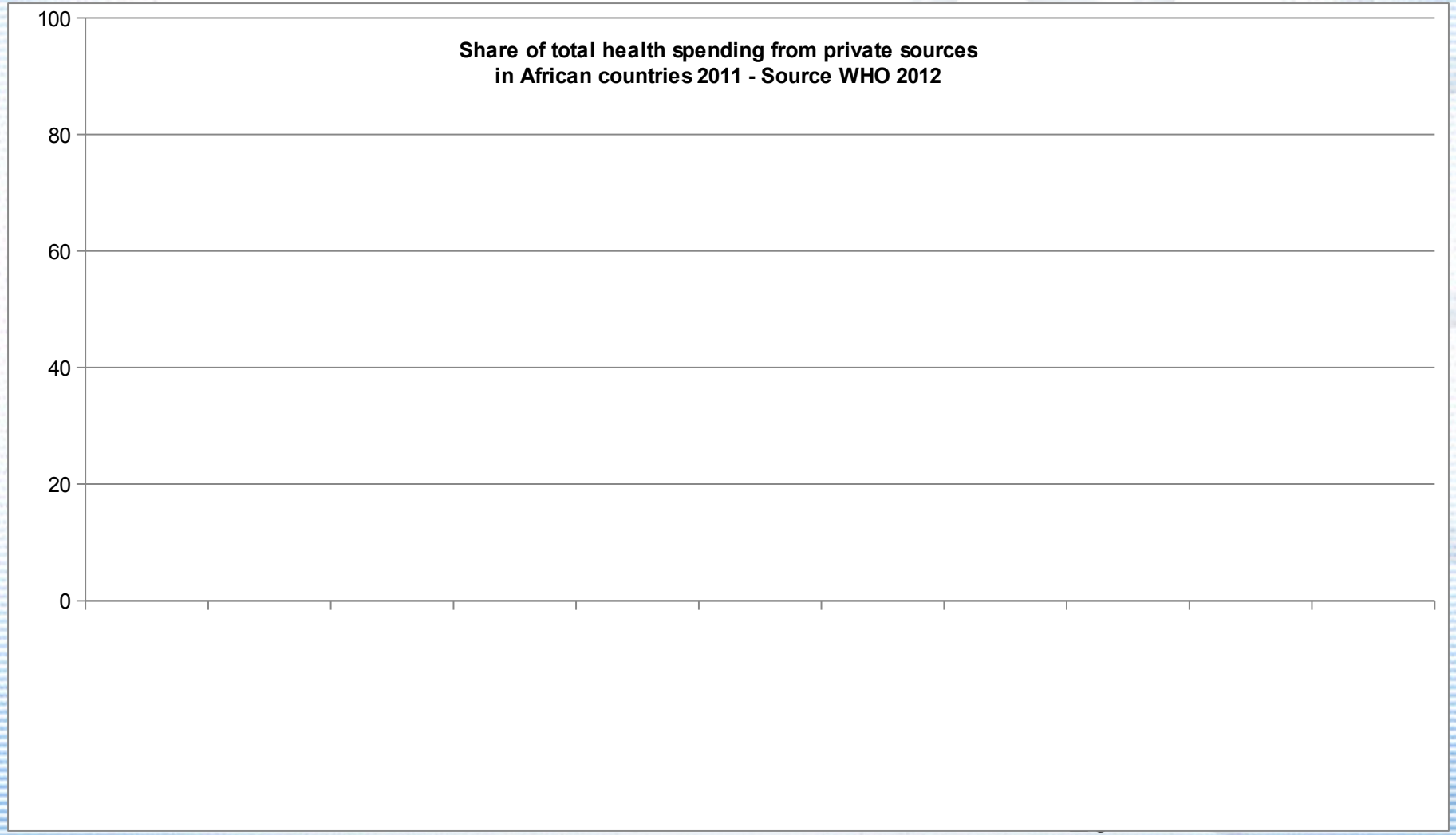
- Domestic funding substitution away from health
- Fragmented mandates (mostly disease oriented—e.g. HIV/AIDS)
- Fragmented vertical approaches
- Fragmented subnational operational responses

Health Expenditures have more than doubled since 1995



Domestic Funding: The challenge of pooling

Large private spending (mainly out-of-pocket) with very little pooling

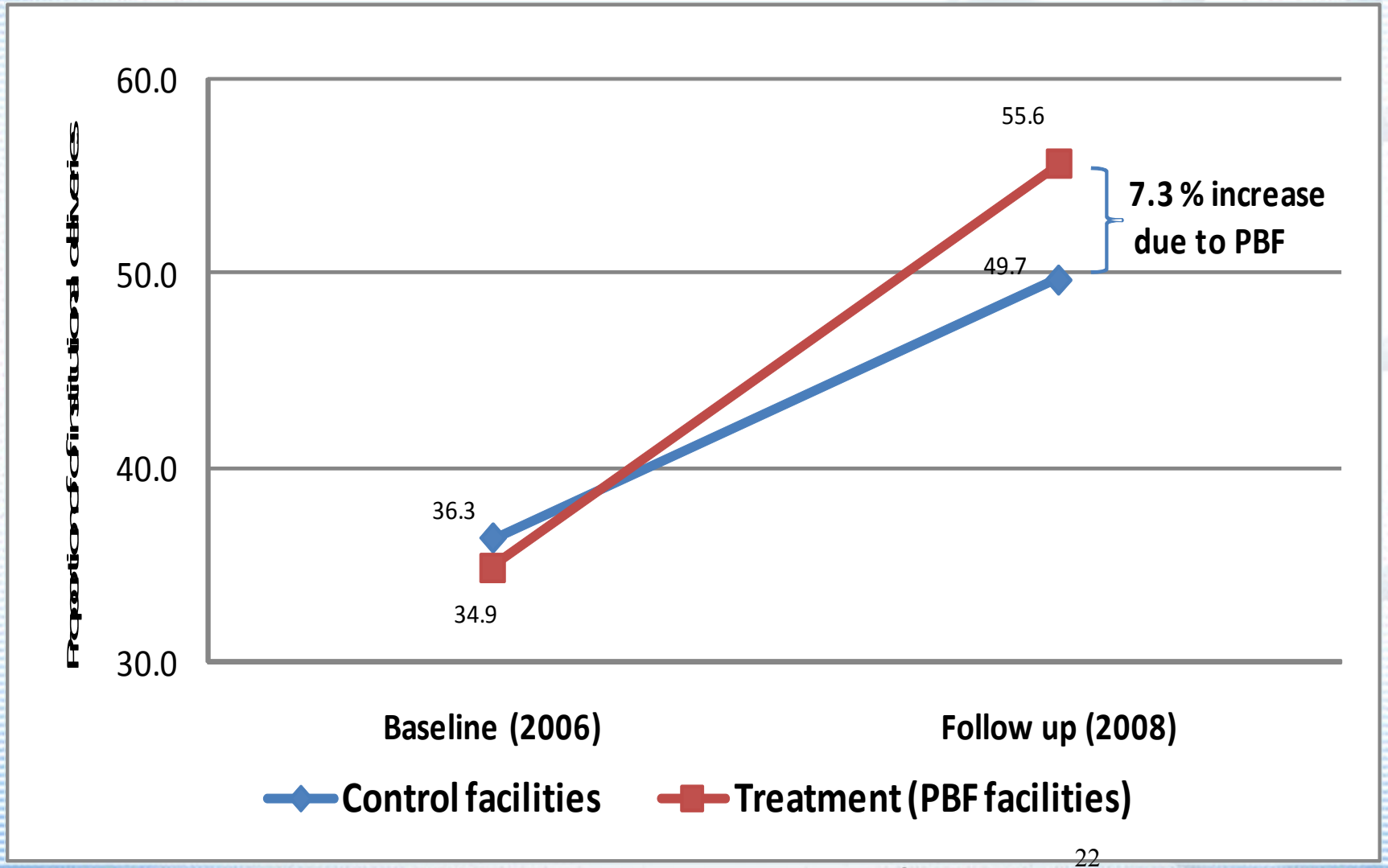


Emergence of Country solutions

- REVENUE
  - Democratization and increased expectations => emergence of voice of the poor
  - Expansion of social insurance for the middle class +> emergence of pro-poor politics ie alliance between the poor and the middle class
- POOLING
  - Expansion of health insurance institutions at scale in low income countries (eg Rwanda, Ethiopia, Ghana, Kenya) +> emergence of institutional models f
- PURCHASING
  - Results Based Financing and targeted subsidies +technical development of the purchasing function

Performance Based Financing: An Africa Wave

In Rwanda, 7% more assisted deliveries in clinics receiving performance based financing….



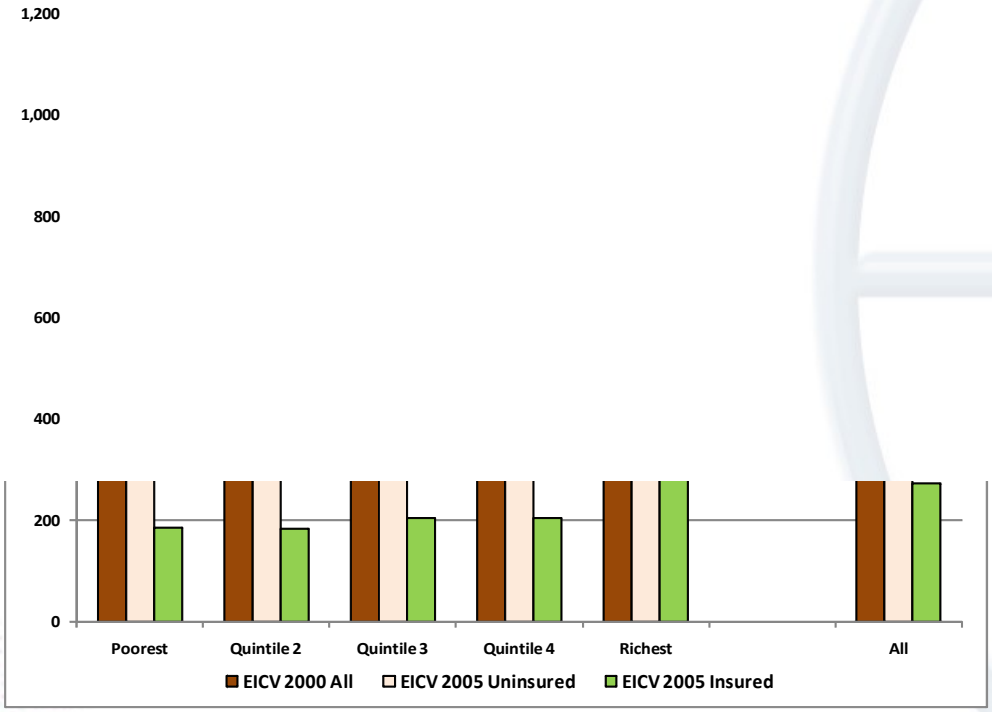
Source: Basinga et al, 2011

Health Insurance provides financial protection

In Rwanda insured household experienced less catastrophic spending

. Median Direct Disease Related Spending (RwF) by Insurance Status and Income Quintile (2000/2005) Adjusted for Inflation based on Consumer Price Index

Figure 6 : Median direct disease-related spending (RwF) by insurance status and income quintile (2000-2005)
Adjusted for inflation based on consumer price index.



Source: EICV1 and EICV2 data. Notes: (1) Data refer to people who have incurred any health-related expenditure during the given time period. (2) All values are deflated to January 2006 prices using the consumer price index (CPI). (National Institute of Statistics, 2006.Preliminary Poverty Update Report: Integrated Living Conditions survey 2005/06. Republic of Rwanda: December.

The policy agenda

- Politics
  - Information
  - Citizens feed back and platforms
  - Decentralization
- Institutions
  - Purchasing institutions
  - Purchaser-provider separation
  - Democratic governance
- Incentives

Conclusion

- The fundamental Africa challenge is the potential is whether the continent will seize or miss the demographihc dividend.
- Universal Health Coverage is to contribute to economic and socail transformation by contributing to the dividend
- It is technically and financially possible. The challeng is the capcity of countries to develop pro-poor ipolitics, build nstitutions and align incentives to the UHC goals
- In this context, it is fundamental to shift the focus of policy and aid towards helping citizens of African countries to leverage domestic politics and revenue t
- This will requie broadening the UHC dialogue to parliaments, MOFs and other private and civil society stakeholders. .and focus on a reform and institution building agenda
- Impact Evaluation of innovations and Policy should drive the research agenda

Thank You

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Is UHC possible in Africa

- Yes..
- If
- Institutions
- Incetives
- Pluralistic models