



## AFRICAN STRATEGIES FOR HEALTH



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# REGIONAL ACTORS ADDRESSING HEALTH FINANCING IN AFRICA:

## Comparative Advantages, Challenges, and Opportunities

The African continent has seen pronounced movement toward regionalism in recent years to catalyze development and strengthen African integration and unity. Regional bodies are actively contributing to the development of many sectors, including health, which is increasingly recognized as essential to human and economic development in Africa. Successful health financing systems are critical for achieving health targets and reaching Universal Health Coverage (UHC),<sup>1</sup> a widely supported development goal. Thus, sustainable health financing is now at the forefront of development dialogue. African leaders have

demonstrated strong political commitment through endorsing measures such as the Abuja Declaration of 2001 on increasing government funding for health, and the Monterrey Consensus of 2002 that established a set of guiding principles enabling developing countries to address the challenges faced in mobilizing sufficient financing for their economic development.

Since then, multiple global and African regional efforts have further promoted improved health financing in Africa. Countries across the continent were involved in the Addis Ababa Declaration of 2006 on community health in the African Region; the 2008 Ouagadougou Declaration on Primary Health Care and health systems in Africa; the 2012 Tunis Declaration on value for money, sustainability and accountability in the health sector; and the recent 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development. African leaders have committed to raising the level of per capita spending to at least US\$44, per the recommendation of the High Level Task Force for Innovative International Financing for Health Systems (HLTF), and allocating at least 15% of government budget to health, per the Abuja Declaration. While almost 24 African countries have attained the HLTF targets, only three have met both targets.<sup>2</sup> Out-of-pocket spending for health services is still high, and the majority of countries are far from ensuring financial risk protection.

The United States Agency for International Development's (USAID) Africa Bureau and their project, African Strategies for Health (ASH), conducted a landscape analysis of regional African health sector bodies. The study contributes to a larger analysis commissioned by Harmonizing for Health in Africa (HHA), supported by the Norwegian Agency for Development Cooperation (NORAD). This Technical Brief provides a summary of findings related to regional actors engaged in health financing work and their comparative advantages, challenges, and opportunities.

African regional actors have an important role to play in supporting increased coordination and harmonization of donor efforts for financing the health sector, while also strengthening budget execution and demonstrating results from existing funding to show returns on investment. They collaborate closely with Ministries of Health and Finance, and facilitate inter-ministerial dialogue to develop a coherent health financing strategy that supports and monitors efforts to strengthen all health system dimensions. Understanding how regional actors operate, as well as their comparative advantages and challenges, will ensure that governments, policymakers, donors, and implementers effectively partner with them to improve health outcomes and achieve UHC.

## Types of Regional Actors Working in Health Financing in Africa

Africa-based regional actors are organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose. They can be grouped into the following three categories:

- **Regional economic communities (RECs)** are groups of individual countries in a region that partner for the purpose of achieving greater economic integration. They are responsible for the planning, coordination, and monitoring of the integration or regionalization process, and for this reason are often referred to as the 'building blocks' of regional integration.
- **Regional networks and associations** include umbrella organizations for civil society organizations (CSOs); groups that bring together advocates, health professionals, researchers, or policymakers; and groups of research and/or academic institutions. They often cite knowledge exchange, capacity building, and advocacy as their main objectives, and closely follow current thinking about health financing in order to disseminate related information, represent the voice of the community, or advocate for strengthened health financing policies.
- **Regional technical organizations** bring together groups of people with deep technical expertise in health financing that understand the African context and can conduct research or provide guidance for transforming health financing commitments into technically sound, evidence-based interventions.

## Comparative Advantages of African Regional Actors in Addressing Health Financing

This section describes three of the key advantages African regional actors have in galvanizing political will and technical expertise around best practices for health financing.

### ■ **Convening power**

Africa's RECs and regional networks have the unique ability to serve as platforms for the assembling of high-level officials to discuss political, economic, and social issues, including key

concepts in health financing. The African Union (AU), supported by the New Partnership for Africa's Development (NEPAD), is the only pan-African body which routinely convenes Ministers of Health to talk about health priorities including financing. Among RECs, for example, the Economic Community of West African States (ECOWAS) convenes its 15 member countries under the auspices of the West African Health Organization (WAHO) to discuss implementation challenges and strategies for health financing towards UHC. Such fora can provide opportunities to discuss policy frameworks from countries where experimentation in UHC has been successful (for example, the abandonment of user fees for health services in ECOWAS member countries), while also discussing harmonization of schemes and building consensus on the best ways to pay providers and fund health care. ECOWAS also functions to contribute monetary resources, such as through the Regional Financing Mechanism of reproductive health commodities among member countries, in order to secure medicines and increase use of affordable family planning services.<sup>3</sup>

Other regional bodies like the World Health Organization's (WHO) Regional Office for Africa (AFRO), in conjunction with the AU Commission, provide a powerful platform for African policymakers. They can advocate for strategies to tackle the biggest challenges facing sustainable financing, as seen recently for vaccines at the Ministerial Conference on Immunization in Africa.<sup>4</sup> Through these fora, regional actors advocate for greater engagement and partnership with all kinds of stakeholders to ensure innovative ways of co-financing treatment in African countries.

### ■ **Acute understanding of political environment**

Like the RECs, regional networks and organizations understand the political landscape and can influence policy development and implementation. Networks such as the Africa Public Health Parliamentary Network provide legitimacy to ensure that national budgets prioritize maternal, neonatal and child health, while others such as the Network of African Parliamentarians for Health Development and Financing ensure parliamentary policy and budget support for the African Union (AU) Health Strategy.<sup>5</sup> Intergovernmental organizations such as the East, Central and Southern Africa Health Community (ECSA-HC) can also influence policy reform in health financing. ECSA-HC has supported regional monitoring and sharing of best practices on UHC among member states, while also catalyzing advocacy initiatives for UHC in the region and providing technical support on health financing reforms. In the process, the region has ratified new policies through commitments to increase health coverage, health insurance, and alternative modes of health financing. For example, over the past 10 years in the ECSA region, several countries have introduced a policy on the removal of user fees, mainly to increase access to basic health care services by the poor. Through research and advocacy, ECSA has analyzed implementation challenges in order to understand how the policy can contribute to UHC—in particular, it has engaged in technical discussions on expanding coverage and improving financing protection, as at the 2015 UHC Advocacy Symposium held in Zambia and the 60th Health Ministers' Conference in Uganda.<sup>6</sup>



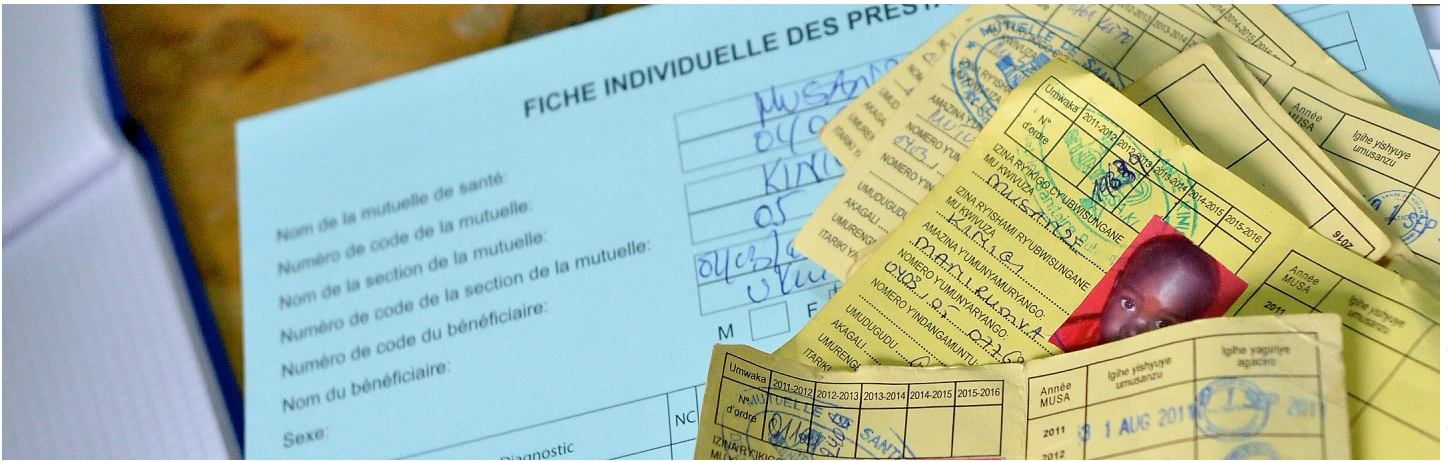


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Networks and civil society organizations have equally understood how to effect policy change in this area through their grasp of the power dynamics and mechanisms that influence the political system. Groups such as the Africa Public Health Alliance and 15%+ Campaign, a non-profit organization promoting health development and financing across Africa, promote policy work, advocacy, empirical research, community mobilization, and capacity building in partnership with civil society, parliamentarians, development partners, relevant government ministries, departments and agencies in Africa and beyond. The campaign is aimed at realizing the Abuja Declaration pledge of African Heads of State to allocate at least 15% of domestic budget resources to health.<sup>7</sup> A key objective of both is to ensure policy and budget support for implementation of African and global health frameworks and policies.

■ **Pooling expertise and promoting best practices**

RECs, networks, and technical organizations have access to research and data where members reside and can contextualize international standards for the health financing needs of their region. The African Health Observatory (AHO), for example, is a platform hosted by WHO AFRO that facilitates the acquisition, generation, diffusion, translation, and use of information, evidence and knowledge by countries to improve national health systems and outcomes. Among RECs, the East African Community (EAC) has generated recommendations to promote social health protection and drafted best practices for the harmonization of benefit packages and regional portability of benefits across member countries.<sup>8</sup> The EAC examined data collection strategies across member countries and offered technical support to provider-based schemes in the region to guide and monitor social health protection implementation.

The African Health Economics and Policy Association (AfHEA), a bilingual regional network with members across 30 African countries, works towards improved health outcomes by promoting high quality and standards in the generation of policy-relevant evidence and the use of appropriate health economics tools. In 2012, AfHEA began a program to improve the capacity of African health policy makers and young researchers for implementing their countries' UHC programs. It has also worked to promote the use of health financing research in policy-making, for example by attending the AU's Ministers of Health Conference in 2009 and providing inputs

into the development of a health financing strategy by the AU. The biennial AfHEA conferences attract large numbers of health systems practitioners across Africa, thereby promoting the use of evidence on health financing strategies among policymakers across the region.

In promoting best practices, regional networks are uniquely positioned to support accountability while also building capacity in financing issues. The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) is focused on developing capacity in health systems research and policy analysis by bringing together academic institutions from a subset of African countries, typically those with well-established schools of public health. A few networks have also developed tools, such as scorecards for monitoring the implementation of policies or tracking key indicators in their health areas. EQUINET, for example, was formally recognized by the SADC Health Sector in 1999, and has built a forum for dialogue, learning, and sharing of information and experience to shape strategies and strengthen alliances to influence policies towards health equity, one of the major goals under UHC and Sustainable Development Goal 3.8. The Equity Watch Tool and country reports developed by EQUINET analyze equity at the country level and are used by policymakers, planners and researchers to assess progress towards policy goals in eastern and Southern African countries, as per resolutions enacted by ECSA Health Ministers in 2010.

## Challenges

Like other international and regional institutions and networks, some African regional bodies face complex challenges related to their mandates, working environments, and financial and human resources. Two key challenges are outlined below.

■ **Limited enforcement ability**

RECs can successfully broker, negotiate and influence Ministers of Health and Finance to adopt resolutions which, if implemented, can increase health financing options and improve the likelihood of achieving UHC. However, these institutions lack the authority to enforce country-level implementation of resolutions adopted at the regional level. Instead, they can monitor the implementation of policy and practice and raise awareness of issues to support country-level accountability.

Regional networks and associations like AIDS Watch Africa and the Africa Public Health Parliamentary Network support the RECs in holding governments to account for prioritizing resource mobilization in national budgets. Similarly, African Health System Governance Network (ASHGovNET) is working with African institutions to strengthen ministerial capacity at the country-level and advocate for effective governance of the health system.

### ■ *Multiplicity of programs and players*

The proliferation of organizations with similar objectives and membership can result in fragmentation of the response towards enhanced and sustainable financing. Recently, there has been a drastic emergence of organizations that focus on knowledge generation and advocacy for health financing. The multiplicity of programs and players can complicate the coordination and harmonization role of RECs. Governments and donors may have difficulty determining who to work with and how to work together. Donor coordination groups such as Harmonization for Health in Africa (HHA) provide regional support to governments in Africa for strengthening health systems. Coordination can help to limit duplicity—the recent establishment of HANSHEP in 2010 is a step in bridging these issues by bringing together governments from Nigeria and Rwanda with development agencies to collaboratively design, finance, and scale health programs.<sup>9</sup>

## Opportunities

Regional organizations are uniquely positioned to strengthen coordination across countries as they strive to generate and allocate financial resources to increase financial protection and improve equitable access to priority health services. While technical organizations have the expertise necessary to advise on strategies, standards, and guidelines, RECS have the power to establish harmonized legal frameworks and policies. Regional networks and associations can monitor the implementation of policies or advocate for changes in policy and therefore improve accountability towards UHC. They can also help in documenting the translation of commitments and political will into tangible results. Supporting regional organizations to

package and disseminate research findings to diverse audiences using innovative methods will improve the adoption and operationalization of evidence-based and technically-sound approaches towards UHC.

## Conclusion

Regional actors can support improved health financing functions and progress towards health system goals across Africa through their strong convening power; keen understanding of the political environment, ability to harmonize policy across regions, and pooling of technical expertise. To achieve maximum impact, RECs, regional networks and associations, regional technical organizations, governments, donors, and implementers must work together to leverage one another's strengths and optimize collaboration. Regional partners present an important platform to synthesize trends and best practices on health financing efforts and can improve upon cross-country learning and policy diffusion to achieve UHC in Africa. ■

### ABOUT ASH

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

## ENDNOTES

1. Moreno-Serra R, Smith P. (2012) Does progress towards universal health coverage improve population health? *The Lancet*; 380: 917–23
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4. WHO Regional Office for Africa and the Eastern Mediterranean Region. [Fulfilling a promise: Ensuring immunization for all in Africa. Ministerial Conference on Immunization in Africa](#). 2016.
5. Africa Health Development and Financing, [Parliamentary Policy and Budget Action Plan](#). 2009.
6. [Summary from the ECSA Health Community 60th Health Ministers' Conference](#) held in Uganda in February, 2015.
7. The plus represents the need for an increase in actual per-capita expenditure on health, as well increased policy and budget support for those issues affecting health, but which often fall outside the health budget including: clean water; sanitation; environmental issues; and the key issue of health workforce shortages which is influenced by education, and labor and human resources policy and budgeting.
8. East Africa Community. (2014). [Situational Analysis and Feasibility Study of Options for Harmonization of Social Health Protection Systems Towards Universal Health Coverage in the East African Community Partner States](#). Technical Report. East African Community, Arusha.
9. More information at [HANSHEP website](#).

Additional information can be obtained from:

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