POLICY BRIEF

Key messages from iDSI participation at AfHEA 5th Biennial Scientific conference

SECURING PHC FOR ALL: THE FOUNDATION FOR MAKING PROGRESS ON UHC IN AFRICA

Partners from across the international Decision Support Initiative (iDSI) network recently participated in the 5th African Health Economics and Policy Association (AfHEA) Biennial Scientific conference. This meeting marks the association's 10th anniversary since its inauguration in March 2009, in Accra. The conference focused on the issue of securing primary healthcare for all as the foundation for making progress on Universal Health Coverage (UHC) in Africa. iDSI partners had the privilege of making an extensive contribution to this year's technical agenda, including organising 10 sessions and bringing over 30 researchers and experts to the conference.

Inspired by the discussions that took place in Accra, we have identified several key messages from the conference. These messages should be considered against a rapidly changing context in Africa, especially in relation to ambitions for achieving sustainable UHC, given an altering external funding landscape and the transitioning of African countries from development aid.

While there is a great demand for evidence-based support, including assessments of cost-effectiveness, there is currently limited and fragmented capacity in health economics and evidence-informed policy making.

There is undoubtedly a great demand for generating, understanding and using health economic evidence to inform decision-making processes across African countries. The move to UHC implies active priority-setting and the broader strengthening of health systems, including addressing governance issues, the professionalisation of health workers, and the need to enhance health information systems. While AfHEA showcased exciting developments in the capacity of the region to undertake and use economic related evidence, there is still much to be done in developing Health Technology Assessment (HTA) institutional structures to routinely translate evidence (including economic data) into policy.

KEY MESSAGES

A number of questions arise:

- How can HTA be used to benefit newly formed National Health Insurance Schemes to advance progress towards UHC?
- What can national and international partners (such as iDSI) do to support embedding evidence-informed practices and structures in decision-making processes as part of health system strengthening in Africa?
- How can the various African national health insurance schemes learn from each other and from countries outside of the continent to further the goal of achieving sustainable and equitable UHC?

Managing 'transitions' before the transition: plummeting budgets for African countries implies the need to implement gradual 'micro-transitions' of vertical disease programmes into a domestic UHC agenda.

Recent changes in the entire aid landscape and the specific impact on African country health systems have been subject to a large amount of debate[1,2,3]. With budget cuts looming, development assistance funds are expected to be reduced. Even if African countries are not immediately graduating, some major products or vertical disease programmes are 'transitioning', including:

- Global Fund no longer paying for first line TB treatment
- MDR/XDR-TB and paediatric ARV also being "graduated" as small budget lines are easier to manage and monitor (though this is where pooling is needed the most)
- Reports of stock-outs increase; more than 10 countries have reported shortages or stock-outs in past few months according to Global Drug Facility.

There is a need to develop a tailored approach to building capacity in evidence-informed policy making, that recognising the different needs of multiple stakeholders

According to the UNDP there has been confusion around the term 'capacity development' which may have grown along with its popularity as a term[4]. iDSI is developing a carefully tailored and well-documented taxonomy and approach for capacity development, taking into account needs of different stakeholders at different INNE (individuals, nodes, networks and environment) levels involved in the decision-making process[5]. In the African context, as indeed in other settings too, this would include engagement with the private sector, the media, and wider civil society.

Galvanising current efforts for HTA institutionalisation – there are opportunities for effective networking and the pooling of resources in Africa.

HTA institutionalisation in any low- and middle-income country relies on various key building blocks[6]. Among these are the in-country capacities available for development, understanding and use of health economics evidence in national decision-making processes. Several Ministries of Health and national health insurance agencies in Africa have recently established dedicated staff teams who are seeking to develop better understanding of health economic evidence or are responsible for developing national HTA institutionalisation strategies. These nascent groups can benefit from networking and establishing communities of practices that are driven by specific in-country policy goals, thus contributing to their own HTA institutionalisation plans. iDSI is a keen advocate for South-South collaborations that foster knowledge sharing and mutual capacity building[7].

References

1. Tropical Health and Education Trust (THET), The transition from aid - What does it mean for the UK's engagement with health systems in middle-income countries?, 2017
2. Dieleman et al, Development assistance for health, 2016. Available at: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)30168-4.pdf
3. CGD, With Budget Cuts Looming Again, Can PEPFAR Keep the Gas on its Acceleration Strategy?, 2019, Available at: https://www.cgdev.org/blog/budget-cuts-looming-again-can-pepfar-keep-gas-its-acceleration-strategy
4. UNDP, capacity development – a primer, 2009.
5. Li et al, Evidence-informed capacity building for setting health priorities in low- and middle-income countries: A framework and recommendations for further research, 2017. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497935/
6. The iDSI HTA toolkit, available at: https://www.idsihealth.org/htatoolkit/
7. Macquilkan et al, Strengthening health technology assessment systems in the global south: a comparative analysis of the HTA journeys of China, India and South Africa, 2018. Available at https://www.ncbi.nlm.nih.gov/pubmed/30326795