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Africa's roadmap to Universal Health Coverage: Insights from the first Inter-African Webinar organised by the Integrated Health Organisation

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Summary

This report sums up a webinar organised by the Integrated Health Organisation (IHO) on December 12, 2020, focused on Africa's progression towards Universal Health Coverage (UHC). The four-hour virtual meeting had four speakers presenting on understanding UHC, the role of NGOs, malaria prevention and challenges in mental health care. A significant question debated was the involvement of African youths in achieving UHC. The report discusses these presentations in detail, emphasising the need for primary health care, the contribution of Non-Governmental Organisations (NGOs), the importance of knowledge and attitudes towards malaria prevention and the perception and management of mental health disorders by health care providers in Cameroon. It concludes with a call to action for all stakeholders, including governments, NGOs, community health workers and the community, to actively participate in health management to achieve UHC in Africa. The webinar was hailed as a significant step towards this goal, and plans to make it an annual event were discussed.

Keywords: UHC, African health policy, community health workers, youth involvement, health management.



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1 Introduction

Universal Health Coverage (UHC) represents a cornerstone of equitable healthcare, aiming to provide all individuals with access to the necessary health services, from prevention to palliative care, irrespective of economic or geographic barriers (WHO 2020a). It encompasses a comprehensive range of essential health services, spanning from health promotion and prevention to treatment, rehabilitation and palliative care (Kieny and Evans 2013). The drive towards this goal has galvanised global commitment, encapsulated in the #UHC2030 agenda, which aims to expedite progress towards UHC with a target of realisation by 2030. This movement advocates for fair and sustainable advancements in health care, with a particular focus on the unique challenges faced by the African continent (UHC2030 2017). As such, ongoing assessment and monitoring of UHC's implementation are vital to gauge progress and guide policy within the African context.

Monitoring universal health coverage (UHC) is essential for tracking health progress, particularly in Africa. UHC is closely associated with the third Sustainable Development Goal (SDG 3), especially target 3.8, which aims to promote health and well-being for everyone. This goal commits to eliminating epidemics like AIDS, tuberculosis, malaria, and other transmissible diseases by 2030. Furthermore, SDG 3 is dedicated to achieving UHC, which involves ensuring universal access to necessary and safe medications and vaccines for all individuals (Sustainable Development Goals Fund, 2020).

To assess the advancement of universal health coverage (UHC) in Africa, the Integrated Health Organisation (IHO) convened a group of motivated young Africans from throughout the continent for a webinar to discuss strategies for realising UHC by 2030. The online event featured presentations from four individuals: Adanze Nge Cynthia, a public health authority and IHO co-founder currently pursuing a Ph.D. in public health; Chi Naomi, who specialises in epidemiology; Daga Miranda, an educator in nursing; and Ghangha Jamin, another public health specialist. Lokedji Y. Manuela, also a co-founder of IHO, hosted and moderated the panel discussions of the webinar while Ngeenge Ransom Tanyu facilitated the open debate.

1.1 Adanze Nge Cynthia: What is UHC?

Miss Adanze commenced her presentation by noting that the webinar coincided with the international day designated by the World Health Organisation (WHO) to



commemorate Universal Health Coverage (UHC). She then proceeded to provide a definition of UHC to the participants and drew connections to primary health care (PHC). Miss Adanze underscored that a highly practical and cost-effective strategy for actualising UHC in Africa involved the implementation of the primary health care framework, encompassing three crucial elements: (1) addressing the health needs of individuals throughout their entire lives, (2) tackling broader determinants of health through multi-sectoral policies and actions, and (3) empowering individuals, families and communities to take control of their own health (Lucke 1980). The implementation of these PHC components would not only enhance and fulfil individual health needs but also contribute to community well-being through community involvement. This approach grants community's ownership of their health, a fundamental aspect for achieving lasting change. Additionally, she referenced a study conducted by Hsieh et al. (2015) in 102 low- and middle-income countries, which highlighted that primary care can deliver more than just cost reduction. The research findings indicated that a more extensive provision of primary care services was associated with increased life expectancy, reduced infant mortality and diminished under-five mortality. This suggests that investing in primary care is a judicious decision. Rural communities in Africa face heightened vulnerability to healthcare access issues, often overlooked due to inadequate infrastructure, poorly equipped healthcare facilities stemming from an inequitable distribution of health resources and insufficient remuneration for healthcare workers in these regions. This situation makes it unfavourable for healthcare professionals like doctors and nurses to practice in these areas (Strasser et al. 2016).

This discussion led to the acknowledgment of the overlooked role of community health workers (CHWs) in achieving Universal Health Coverage (UHC). To fully harness the potential of CHWs, it is imperative to integrate them more effectively into national healthcare systems, addressing aspects such as employment, supervision, support, and career development. Furthermore, there is a need for global, national, and district-level partners to align their efforts in supporting CHWs, maintaining enough flexibility for programs to innovate and respond to local needs (Tulenko et al. 2013).

Miss Adanze made a point of highlighting several African nations that have made notable progress toward achieving Universal Health Coverage (UHC). Notable



examples include Rwanda, which successfully implemented compulsory Community Based Health Insurance (Chemouni 2018); Nigeria, which exempted user fees and promoted community-based and national health insurance schemes (The Academy of Medical Sciences 2020); Kenya, through the implementation of the “big four agenda” (Wangamati 2019); and Benin Republic, Chad, and Cameroon, employing their Performance Based Financing (PBF) system (AEDES 2018). Nevertheless, she urged participants from various countries to draw lessons from successful models like Rwanda and adapt them to their specific contexts, emphasising that a “one size fits all approach” may not always yield optimal results.

Adanze further highlighted the importance of policy and decision-making bodies, such as the African Union, taking proactive steps to involve the heads of states from various African nations in purposefully directing investments towards their respective health sectors. The 2001 Abuja Declaration, in which African heads of states committed to allocating 15% of their annual state budget to health, has prompted numerous concerns and varied perspectives regarding the actual progress made by African countries in fulfilling this commitment (Ekott 2021).

She proceeded to mention a comprehensive analysis of the progress related to the Abuja Declaration. This analysis was conducted by Dr. Nkechi Olalere and Ms. Agnes Gatome during their interview with the Africa Union, as featured by the United Nations. The discussion focused on the topic of “Public financing for health in Africa: 15% of an elephant is not 15% of a chicken”. The central point emphasised was that merely advocating for a 15% allocation of the state budget to health is insufficient. This is because different African countries possess varying capacities and economic strengths. The interview highlighted examples of best practices from certain African countries that are worth emulating. For instance, countries like Algeria, Botswana, Lesotho, Kenya, Morocco, Senegal and South Africa have successfully increased their fiscal space and allocated government revenue to the health sector. Gabon, Ghana, and Nigeria have set aside government revenue specifically for health. Tanzania and Uganda have implemented reforms to enhance the flow of resources to health facilities and improve resource utilisation. Moreover, Ethiopia and Rwanda have achieved extensive population coverage by implementing social protection systems that ensure access to healthcare services (Gatome-Munyua and Nkechi 2020).



She concluded by cheering young people to engage actively as volunteers, either individually or within organisations. She urged them to assume leadership roles and embrace the servant-leader approach. Her closing remarks were as follows:

Despite Africa being perceived as having a fragile healthcare system, there are other African countries like Algeria and Rwanda, just to name a few, that making positive strides in achieving UHC. Achieving Universal Health Coverage is feasible in every African nation if we deliberately come together and collaborate.

1.2 Chi Ndum Naomi: NGO contributions to Health Service Access in Africa

This article was presented by Miss Chi Ndum, a representative of the Lifafa Research Foundation (LRF). In her article, she stated that the presence of NGOs plays an important role in providing essential access to health services in most African countries. NGOs are legally created organisations that operate independently from the government, characteristically possessing a distinguishing feature in that they are private institutions serving public purposes. The WHO acknowledges NGOs for their increasing role in most countries in furthering UHC. Their activities are highly evident in low- and middle-income countries, where they focus on service delivery, raising awareness and prevention campaigns. This study was thus aimed at identifying the different ways in which NGOs contribute towards achieving access to health services for all Africans. The study had as objectives; (1) to identify the contributions of NGOs to Water Hygiene and Sanitation (WASH) and shelter in African countries or communities and (2) to bring out the activities carried out by NGOs in achieving access to health services across African countries or communities.

Miss Chi explained that both local and international non-governmental organisations (NGOs) have successfully trained and employed a greater number of qualified healthcare professionals. They have also supplied essential items for hygiene and sanitation, offered free consultations and treatments, and conducted community health education in various communities throughout Africa. These initiatives are all aimed at fostering community development, alleviating suffering, and providing essential health and social services. She provided an illustrative example of the United Nations High Commissioner for Refugees (UNHCR) responding to 80,000 refugees in Cameroon, 30,000 in Niger and 130,000 in Chad by the year 2015 (UNCHR 2020).



Miss Chi also highlighted the fact that NGOs play a key role in health care services. She cited the contribution of Doctors Without Borders (MSF) in Cameroon Nigeria and Niger providing care to patients and vaccination services (MSF 2020), the RedAid NGO in Nigeria which provided 186 artificial limbs to amputees (RedAid 2019), Red Crescent in Sudan providing free diarrheal treatments for children, free operations for war-wounded patients and donation of free surgical instruments to people in the Abshok camp (Relief 2004). These were just a few amongst the many NGOs both international and local working to ensure access to health care services. This indeed proves that NGOs are a backbone for African countries to achieve access to the health services for all Africans, irrespective of their geographical location, financial status or health needs.

One of the problems highlighted by Miss Chi was the need for the inter-sectoral collaboration between NGOs and government. Although performing independent work, many NGOs form the link between the government and community. Consequently, the government supporting NGOs will go a long way in achieving improved health care especially in the rural regions. However, this should be done with a lot of caution in order not to compromise the independence of NGOs which can go a long way to affect their work.

Miss Chi wrapped up by emphasising that it is not necessary to be an NGO owner to contribute to community service. She encouraged especially the youth to embrace volunteerism and give back to their communities in whatever small ways they can if they genuinely aspire to achieve Universal Health Coverage (UHC).

1.3 Daga Miranda: malaria prevention knowledge in Ntam, Kumba, Cameroon

Miss Miranda, a representative of The Brains Association and a nurse educator, presented information regarding malaria. It is widely known that malaria constitutes up to 98% of malaria cases in the African region (WHO 2020b). In Cameroon, the prevalence of malaria is approximately 25.8%, contributing to about 3% of all global malaria cases as of 2018, with a mortality rate of 3.81%. These figures categorise Cameroon among the 15 countries with a high malaria burden and the third-highest number of malaria cases in Central Africa (Severe Malaria Observatory 2018). Despite significant efforts in this field, the persistent challenges include insecticide resistance and resistance to antimalarial medicines, undermining malaria control initiatives (Antonio-Nkondjio et al. 2019). The latest malaria vaccine,



Mosquirix, has demonstrated a substantial reduction in the malaria burden. Tested in three African countries – Malawi, Ghana, and Kenya – approximately 10 million doses of the vaccine were distributed with the aim of decreasing malaria-related deaths, especially in children (Adepoju 2019). To alleviate the burden of malaria, it is imperative to enhance prevention methods and effectively diagnose and treat malaria cases. Consequently, this study was conducted to evaluate the knowledge, attitudes, and practices of the local population in Ntam, located in the Northwest Region of Cameroon, regarding malaria prevention, with the intention of contributing to the reduction of malaria prevalence.

This study had as objectives; (1) to assess the knowledge of the people on malaria transmission and prevention, (2) evaluate the attitudes and practices of the people on preventive measures against malaria. The study revealed that: study participants had good knowledge on; malaria prevention (85%), mode of malaria transmission (74%) and the use of treated mosquito bed nets (86%). Although the participants had good knowledge on the use of treated mosquito bed nets, their attitude and practise of it was very low (10%). This was primarily due to the fact that a majority of the survey participants resided in rural areas and had received only primary-level education. Additionally, it was identified that while mosquito nets had been distributed to them, the lack of adequate health education on their proper use posed a challenge. This was evident as many individuals in these rural communities utilised these mosquito nets for fishing or to protect their vegetables from insects. Furthermore, there was a deficient understanding (6.9%) of the cause of malaria, with some mistakenly attributing it to a bacterium. Following her presentation, numerous participants in the webinar unanimously concurred that providing materials such as mosquito bed-nets and repellents to individuals in rural communities is insufficient. Instead, there is a pressing need for comprehensive health education delivered in a language that these communities can fully comprehend.

In her conclusion, she opined that; if we want to achieve UHC, we need to put in more energy, resources and time in the rural communities. They are usually left behind and do not get so many privileges and benefits like their counterparts in the urban settings. She also encouraged youths to adopt the act of volunteering and for NGOs to extend their activities in the rural communities and not limit their interventions just to the urban settings.



1.4 Ghangha Jamin Ghangha: mental health perceptions and challenges in the Buea Health District

Mr Ghangha is a public health expert with so much passion for mental health. Mental health as defined by WHO is “a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”. Therefore, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world (Media Centre WHO 2010). According to the WHO, mental disorders account for 13 percent of the global burden of disease with approximately three-quarters of this burden occurring in low-and-middle-income countries. Besides the high unmet need for mental health services, low-income countries allocate only 0.5% of their health expenditures to mental health, compared to more than 5% for high-income countries (Woldetsadik 2020). Mr Ghangha also pointed out that as of the time of this webinar, there were only two recognised state-owned psychiatric centres in Cameroon; Hôpital Jamot de Yaoundé and Hôpital Laquintinie in Douala (WHO 2019). However, some health care facilities like the Regional Hospital Buea in the Southwest Region do offer mental health services to patients in the Buea Health District (Heiko and Vitalis 2015).

Cameroon is one of the countries in Africa whose mental health sector remains underdeveloped. Despite the lack of enough state-owned mental health institutions in the country, some prominent private mental health institutions such as the Babungo Integrated Mental Health Care Centre (BIMEHC) and the Cameroon Baptist Convention Health Services (CBCHS) have been attempting to fill the gap. However, a lot still needs to be done as private mental health care providers in the country lack the financial capacity to expand, buy needed psychotropic medication and to find and recruit sufficient care givers. The cost of the absence of these services cannot be overemphasised.

Presently, the South West and Northwest Regions in Cameroon are going through a socio-political crisis of which hundreds of people have lost their lives, property, homes lost and thousands displaced. With the advent of these happenings, mental disorders like depression and anxiety disorders are already on the rise of which health care providers in these regions are charged with the responsibility of health



care delivery including mental health (Relief 2019). The study objectives were (1) to assess the level of knowledge, and practice of mental health care in the Buea Health District (2) to investigate the perceptions of the mentally ill by health care providers in the Buea Health District and (3) To identify the challenges health care providers in the Buea Health District face in the management of mental disorders.

The results of this study revealed adequate knowledge (40%) and good practice (39%) regarding mental health among study participants stood in the Buea Health District. Some of the challenges faced included: absence of basic infrastructure, poor referral system, insufficient trained personnel in mental health, verbal and physical assault from patients and existence of a gap in medical training. This study was applauded by all the webinar participants and generated lots of interactions (questions and suggestions) as they could easily relate it with their personal experiences especially during the COVID-19 lockdown which was imposed in many countries across the globe.

Mr Ghangha also noted that health care professionals play a key role in achieving UHC, it is therefore important for them to be in a healthy state of mind. The COVID-19 period put all health care professionals at the forefront in the fight against the virus. Many of them lost their lives were left traumatised and others are suffering in silence for fear of being stigmatized should they open up about their mental health condition. Only someone in a sound state of mind can achieve success in whatever project they set on. He concluded by saying the government of Cameroon, NGOs and other civil society organisations should consider investing more in the mental health of not just health care professionals but of citizens as well.

2 Open debate: African youths' role in attaining UHC

This session, which lasted for 25 minutes, was facilitated Mr Ngege RansomTanyu, a Ph.D. student in Political and Administrative Sciences at the University of the National Education Commission in Krakow. Ransom Tanyu is also the founder of Ngege-PostGrad Solutions (NPGS) and Africa Online & Publications Library (AOPL). The theme of the debate was “Are African youths playing an active role in achieving UHC?” Some of the youths who were of African origin but located in Europe now either due to studies or in search better living asked how they could volunteer and contribute to achieving UHC back in their respective countries. Mr RansomTanyu used himself as an example, although he may be out of the country for educational



purposes, his voice is still heard back home as he continues to volunteer by sharing his ideas and sometimes donations in pushing the idea of UHC forward.

Several participants expressed that their lack of involvement in the pursuit of Universal Health Coverage (UHC) as youths stemmed from the belief that they needed to be NGO owners or influential figures in society. However, this mindset was strongly discouraged through the discussions in this session. Many participants, hearing about the topic for the first time, were genuinely excited, and they insisted that such inter-African gatherings to discuss UHC should be organised annually. In conclusion, the youths were encouraged to rise from inactivity and actively contribute to creating the healthy Africa they aspire to see. Emphasising the saying “health is wealth”, it was underscored that a healthy Africa is indeed a wealthy Africa.

3 Call to action

At the conclusion of the webinar, participants expressed positive feedback, accompanied by suggestions to advance the agenda of achieving Universal Health Coverage (UHC) in Africa, which included:

- Many African nations have developed strategies to achieve universal health coverage (UHC), yet these are often neglected or not properly enforced. It is crucial to put a stronger focus on the development, enactment, surveillance, and revision of policies.
- It was emphasised that non-governmental organisations (NGOs) should work in tandem, with a particular focus on lobbying for governmental backing and recognising their crucial position in the pursuit of UHC within Africa.
- There was a consensus that African medical systems need to re-examine the core principles of primary health care (PHC) and prioritise the role of community health workers (CHWs) in their operations.
- The coordinators of the webinar received a recommendation to establish it as a yearly gathering, continuously uniting Africans across the globe to promote understanding of UHC and the importance of fulfilling the goals outlined in the UHC2030 initiative.



4 Conclusion

Achieving Universal Health Coverage (UHC) in Africa is only possible when there is full engagement from all involved parties, such as governmental agencies, non-governmental organisations, community health workers and the communities themselves, in taking charge of their health. This webinar was heralded as the inaugural inter-African discussion focused on the continent's advancement towards UHC. The planning team, working with a range of domestic and international partners, intends to hold this webinar annually. The format of the event, whether virtual or face-to-face, will be determined by the practicality of financing and the logistics required for an in-person meeting.



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