

# Sustaining the momentum toward universal health coverage in Africa

The first pan-African Novartis Social Business stakeholder dialogue took place in Kampala, Uganda, on March 20, 2019.

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Imagine you are born already facing a number of setbacks in life. Imagine you lose out on the health benefits of breastfeeding when you are an infant, because you are the sixth child in the family and your mother has to work because she is struggling to make ends meet.

Imagine that when you try to go to school, illness and chores mean you have to miss class.

Imagine you face a high risk of teenage pregnancy. The only family planning advice available to you is at the local health centre, where you may not feel comfortable approaching the midwife. Imagine you cannot otherwise access reproductive health services except at a chemist, where contraception is available - but at a price you cannot afford. Your country does not have universal health coverage (UHC). You are not covered by health insurance. So you have to go without.

This story is the one of many young girls in Africa, who face many obstacles because they cannot access the healthcare they need.

The challenges illuminate the realities of the healthcare crisis facing great swathes of the African continent, where a rising burden of noncommunicable diseases (NCDs) intersects with a continuing burden of infectious disease.

This is the fifth Novartis Social Business stakeholder dialogue. It brought together more than 160 attendees from 12 African countries in Kampala, Uganda. Faith-based organisations (FBOs), non-governmental organisations (NGOs), government agencies, private sector firms, patient organisations, the media and health technology companies were among the attendees, as Novartis Social Business sought to build the dialogue on sustaining the momentum toward realising UHC in Africa.

To do this, the missing links that will bridge the gaps in access to healthcare, and work toward making UHC a reality, have to be identified. Yet what is known is that no matter the strength of the commitment, results will be lacking if we all do not learn from the mistakes of past health interventions.

One such fact that cannot be ignored - and that was central to the discussion during the stakeholder event - is that one sector cannot do it alone. Real collaboration will be needed. We can recognise the valuable role each stakeholder plays, and the diversity of opinions represented, to synthesise our strengths, our expertise, and our capacities to effect real and meaningful change. Acting in isolation, will achieve only a mere fraction of what is possible if acting together.

To this end, thinking beyond the conventional view of public-private partnerships (PPPs) in health as being merely a contract between governments and the private sector is needed. Civil society organisations and patient groups need to be involved, as these stakeholders represent the interests of those who arguably have the most to gain from the drive to UHC. Health interventions should not target passive recipients. They should target consumers with active interests, who often have no less than their dignity, wellbeing and even their lives at stake.

Faith-based organizations (FBOs) are a good example. For many years FBOs have been a major source of health services in many African countries, but historically their role was providing low-cost care through networks of clinics and hospitals. But some FBOs realised they had to move to a more sustainable way of delivering care. So, in 1997, the Uganda Protestant Medical Bureau (UPMB), a community health insurance program, was established. Their huge success affirms that African communities are ready to embrace UHC.

The work that such organisations carry out can become part of a much broader effort where each sector plays to its strengths to work toward the goal of UHC. This will involve capitalising upon new developments in health technology and using what we already have at hand, in new and innovative ways. As Chemutaai Lang'at, Regional Head of Africa Medtronic Labs Global Health, said at the event, "Innovation is not a singular solution in nature, but rather a collaborative effort from all partners to work together for sustainability and synergies."

This reflects the importance of building mutual trust between public and private sectors. While there are substantial differences in both culture and outlook, each side needs to recognise what the other brings to the table, and how they can work together to expand access to health. Making a profit out of delivering healthcare should not be considered unacceptable by those working in the public sector.

“A business rationale for access programs is needed, if we want them to be sustainable and scalable”, said Harald Nusser, Head of Novartis Social Business. “Aiming to make a profit does not mean we abdicate our responsibility to society. We are willing to be criticised, we are willing to learn, and we are willing to be independently evaluated and audited,” Nusser asserts.

This means we all need to learn from previous efforts to streamline procurement and capacity building. We all need to take - and listen to - the opinions of healthcare workers and health consumers on the ground. We all need to make the most of what we know works.

Health represents an investment opportunity for public and private sectors alike. People who do not face catastrophic out-of-pocket costs and illnesses they cannot afford to have treated, are more able to work, contribute to society, and help the economy grow.

If health is an investment, then we have to know that it is delivering. That means it has to deliver for the poorest in society as, without equity, a health system is not truly sustainable. This involves understanding the needs of communities by mobilising them as active, not passive, consumers. We must allocate health budgets and resources according to what works, and what will benefit the entire population. If the approach we take is not equitable, then we have no hope of realising UHC.



Panelists (from left to right): Angela Gichaga of Financing Alliance for Health, Nao Norman Sipula of WatIF Health, Julie Gichuru as moderator, Laurean Bwanakunu of MSD, Amit Thakker of Africa Health Business and David Makumi of KENCO.

But to achieve and sustain an equitable approach, bold leadership is needed and there must be strong political will to ensure that commitments are not only made, but that they bear fruit. Health must be on the agenda, not as an afterthought but as a cornerstone of social policy, distinct from the frustrations engendered by partisan politics. The roadmap to UHC has far-reaching ramifications, not least a nation's prosperity.

"Africa's choice is about poverty versus prosperity," Githinji Gitahi, the Group CEO of Amref Health Africa told conference delegates. "Therefore, investing in health is not a choice."

African governments have made commitments toward UHC and efforts to realize this objective are beginning to take shape. In Kenya, “in the past, it was Hakuna Dawa [no drugs], now drugs are available in the areas we piloted,” observed Jonah Manjari, CEO of the Kenya Medical Supplies Authority (KEMSA). In cross-continent efforts to expand access to healthcare, Ugandans have not been left behind. In her speech, Diana Atwine - the Permanent Secretary of the Uganda Health Ministry - said that different sectors of government are working to develop a comprehensive roadmap for achieving UHC in Uganda. The government is also identifying the critical role that PPPs play.



Yet commitments are only half of the solution. Outlining the road toward UHC is only as meaningful as the steps taken on it. Without multisectoral, active consumer involvement, and an equitable, sustainable approach, momentum cannot be kept up. But if stakeholders come together, as they did in Kampala on March 20th, the missing links can be identified, and their vacuum filled: with practical innovation, strong leadership, and effective, synergistic collaboration.

## **Novartis Social Business stakeholder dialogues**

All our Novartis Social Business programs take a “learn by doing” approach as we look for new and better ways to expand access to healthcare in lower-income settings. As part of that, we are committed to transparency and dialogue – and our series of stakeholder events endeavors to do just that.

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