

# UHC – A WIDER PERSPECTIVE

Health Policy Dialogue – Thursday 15<sup>th</sup> March  
2018

**#Health4AllNaija**

# Who is doing what ?

Country	Share of budget on health	Current progress
RWANDA	15%	Current 80% of population registered in a CBHIS
SOUTH AFRICA	13.5%	NHI bill to be submitted to congress
KENYA	7%	Universal health coverage integrated as a goal in the national health strategy and entrenched it in the Constitution
GHANA	7%	Policy frameworks and interventions aimed at UHC did not affect the groups that needed them, inequalities in health delivery and services
NIGERIA	3.9%	Focused push for 1% of CRF to be allocated to BHPF, to be used for UHC in line with NHA

- Difference between Universal free healthcare coverage vs universal coverage (even the poor need to spend something) – with a free service you cannot complain

# Common challenges

Country	What have been some of the challenges implementing Universal Health Coverage
<b>KENYA</b>	Improvement in health indicators in last decade, inequitable access to health service a challenge and shortage of qualified health workers with appropriate skills
<b>NIGERIA</b>	Operationalizing the 2014 National Health Act which legislates the use of 1% of CRF to finance UHC
<b>RWANDA</b>	Informal sector left out of formal health insurance market
<b>SOUTH AFRICA</b>	Funding model for NHI. Proposed 2% payroll tax on employers and an extra 2% tax on individuals.
<b>GHANA</b>	Cases where Community-Based Health Planning and Services (CHPS) focused on political preferences rather than meeting the needs of vulnerable populations

- Corruption/accountability with National Health Insurance

# Lessons learned

- UHC not a sectoral issue
  - *“UHC is a nation building issue” - Dr Takao Toda (VP JICA Human Security and Global Health)*
- UHC must not be the result of economic growth (Japan achieved UHC in 1960 when they were poor)
- Growth with equity can only be achieved with UHC
- Public financing critical to achieve UHC
- Segmentation of population based on income/formal/informal sector
- Financing mechanism
- De-centralisation - performance contracts for government officials
- Social solidarity principle – everyone contributes according to their means and will receive benefits according to their needs

# Who are the UHC champions?

- Nigeria – we have some of the best policies on any given subject. Challenge has been the (political) will to translate policies into implementable platforms
- UHC- How do you market it to political leaders ? Political economy of UHC. Market UHC to politicians as a vote winner
  - *De-link political system from healthcare delivery*
- Japan - UHC started from people (demand led), people started cleaning the streets first with no framework. This pushed politicians to take actions
- Advocacy and change must also come for people demanding access to healthcare – ramp up population sensitisation

# THANK YOU

