An introduction to the African Health Economics and Policy Association and its collaboration with WHO

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The African Health Economics and Policy Association (AfHEA) is a bilingual (English and French) apolitical and not-for-profit association launched in Accra, Ghana, in March 2009, where its headquarters are located. The overall mission of AfHEA is to contribute to the promotion and strengthening of the use of health economics and health policy analysis to achieve equitable and efficient health systems and improved health outcomes in Africa, especially for the most vulnerable populations. AfHEA has more than 200 members from African countries working in the health economics, health financing and health policy fields. One of the key mandates of AfHEA is to build the capacity of young researchers in its main focus areas. And this capacity building is an area in which the WHO African Region has been a key partner.

AfHEA holds a scientific conference every two years. Since its inception in 2009, AfHEA has held three scientific conferences; in Ghana (2009), Senegal (2011) and Kenya (2014). AfHEA’s conferences bring together both young and established researchers and professionals working in its key theme areas from Africa and across the globe to share knowledge, identify existing research gaps and network.

The most recent scientific conference, in March 2014 in Nairobi, Kenya, had the theme “The Post-2015 African Health Agenda and UHC: Opportunities and Challenges.” This theme was influenced by the WHO 2010 World Health Report – Health Systems Financing: The path to universal coverage which called upon countries to move towards universal health coverage (UHC). However, moving towards UHC requires technical capacity, which is lacking in a majority of African countries. In 2012–2013, AfHEA, in collaboration with the WHO African Region, implemented a survey that sought to find out what countries in Africa are doing in the area of UHC; useful lessons that have been learnt by countries and which can be shared with other countries designing and implementing similar policies and programmes; the challenges and constraints countries are facing; and the critical areas of capacity development, skills shortages and requirements that need to be addressed.

The 2014 conference attracted around 260 participants from 42 countries from Africa and beyond. This was a 15% increase in attendance from the 2011 conference held in Saly, Senegal. Of the 260 participants, just over a third were female. The participants were drawn from different types of organizations and institutions including: academic, research, ministries of health, government agencies, development partners and others.

The main objectives of the third AfHEA conference were to:

- Actively define the research agenda and identify successes and research gaps regarding UHC in Africa post-2015;
- Ensure a minimum of 30 African countries and 200 participants from Africa (both francophone and anglophone) attend the conference;
- Ensure attendance from at least 15 globally recognized experts on African health economics and policy;
- Present at least 80 abstracts;
- Publish all abstracts and posters of the conference both in hard copy and electronically; and
- Translate outputs from the AfHEA conference into policy notes to disseminate to decision makers.

And the overarching goals of the conference (as with previous ones) were to:

- Provide an opportunity for policy makers, development partners and researchers to interact on the theme of the conference;
- Build the capacities of younger researchers who would be able to interact with senior and more experienced colleagues and obtain feedback and mentorship on abstracts and presentations; and
- Contribute to informing and developing health financing policy in Africa.

Following the conference, AfHEA has collaborated with WHO-AFRO to publish 11 of the papers presented at the conference in this special issue of WHO’s African Health Monitor. The aim of this activity has been to further build the capacity of the authors in writing and publishing high-quality research papers. The authors of the selected papers received technical guidance and support from AfHEA and WHO-AFRO’s established researchers to ensure that the papers were of high quality and met WHO standards. WHO-AFRO also wishes to acknowledge the financial support provided by DFID for the preparation of this publication.

The fruitful collaboration between AfHEA and WHO-AFRO will continue in future as both organizations work together to find local solutions to the unique challenges facing Africa’s health sector.