Editorial

Health financing in Africa

Health is now recognized as a key aspect of human and economic development, and health financing as a major function of a health system, whose objectives are to make funding available and ensure that all have access to effective health services.

An examination of the health financing situation in Africa reveals that countries will need to increase their investment in health and remove financial barriers to accessing health care through a number of innovative approaches, including compulsory prepayment and risk pooling mechanisms. Improving health financing in the Region will require several actions: the development of comprehensive health financing policies, plans and strategies; a move towards universal health coverage (UHC); institutionalizing national health accounts (NHA); and monitoring efficiency. It will also require strengthening financial management skills at all levels, as well as implementing the 2008 Paris Declaration on Aid Effectiveness with all international partners and the 2012 Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector.

The African Regional Office of WHO has taken a number of steps to support Member States in their implementation of these actions. Among others, it has developed a regional health financing strategy and supported countries in their development of health policies and strategies to move towards universal health coverage. It has also helped several countries compile and institutionalize their national health accounts, and developed an action plan to support the implementation of the Tunis Declaration.

Recently, participants from the African Regional Office, the WHO Headquarters in Geneva, non-profit organizations and representatives from ministries of health and finance in the Region were involved in the development of several technical and policy-related analyses and reports focusing on key aspects of health financing in the African Region. The results of this work are now available in this special issue of the African Health Monitor.

The 11 articles published in this edition of the Monitor were all finalized during an intensive one-week workshop organized by the Health Financing programme of the African Regional Office of WHO. Gathering experiences from English- and French-speaking countries, this issue focuses on a combination of evidence and reforms related to health financing and identifies key areas for future policy development in the African Region.

The challenges that countries face when implementing reforms and actions are numerous and often relate to financial, administrative and political aspects that fall beyond the health sector. The first article discusses AFRO’s support for an inclusive policy dialogue towards universal health coverage involving all key governmental and non-governmental actors, emphasizing the importance of creating a discussion space between the ministries of health and ministries of finance in particular.

There are three aspects to universal health coverage: access to all health services needed; efficient and effective quality services; and the absence of financial hardship (or financial risk protection) discussed in the second article – the use of health services should not come at the expense of other essential necessities.

Five articles look at the implementation of specific national health financing interventions and reforms, with a particular focus on evaluation and highlighting lessons learned. These include the review of the health insurance reform and extension of coverage through mutual health organizations in Rwanda; the process of planning a health insurance to contribute towards universal coverage by the Government of Zanzibar (United Republic of Tanzania); the implantation of mandatory health insurance through the National Health Insurance and Social Security Fund of Gabon; the exemption from direct payment for emergency care in Chad between 2007 and 2010; and an innovative approach towards universal health care in Burundi that integrates free health care and performance-based financing. A further article reviews the outcomes, over a ten-year period, of the removal of user fees in the health sector in Uganda.

The last three articles highlight the relationship between out-of-pocket payments and catastrophic health expenditure and their impact on impoverishment and health services utilization in Burkina Faso, Mauritania and Senegal.

I trust that this special issue on health financing will be useful to country and regional policy-makers as well as academics.

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