71st Session of the WHO Regional Committee for Africa

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Agenda item: 18.6: Progress report on the implementation of the Framework for health systems development towards UHC in the context of the SDGs in the African Region

Statement:

Distinguished Chair and delegates, PSI welcomes the opportunity to speak on agenda item 18.6. We commend the reported milestones achieved by Member States in improving population coverage of agreed standards, and health system performance as measured by the framework. And we support the proposal for taking effects of COVID-19 into cognizance as next steps are taken to accelerate implementation of the framework.

One of the key lessons is the centrality of health to every aspect of life and thus the need of governments to prioritize investment in public health. With 500 million people estimated to fall below extreme poverty line, because of the impact of the pandemic on the economy, the need for universal public health care as the bedrock of UHC becomes even more pressing.

Countries in the region spend probably lest percentage of GDP on health of any region globally, even during periods of GDP growth. Even the Abuja Declaration's modest target of 15% of annual budgetary provision has been met by only a handful of countries at any time, over the last twenty years.

Donor reliance has resulted in vertical health programmes. Revitalizing primary health care and strengthening health systems require government-driven horizontal programmes. Reliance on private provision has also been shown to sap resources required for UHC rather than contribute to domestic resource mobilization.

Studies have shown that private hospitals have been able to access more funds from national health insurance programmes than public general and teaching hospitals in several countries. This is even though they attend to fewer population and tend to focus more on secondary and tertiary healthcare delivery.

Health workers are the backbone of UHC. Ensuring availability of health workers with the requisite skills mix, remuneration, and working conditions is thus essential to the UHC framework. We thus call MS to make the much-needed investment in the health workforce a key priority.

The Working for Health Action Plan for Health Employment and Inclusive Growth, as is being reviewed by the World Health Assembly for the 2022-2030 period is a veritable vehicle. We urge MS uptake of the programme. Thus far, only a few countries took steps in this direction, in the 2017-2021 period.

Development of guidelines, tools, and procedures to support Member States in planning and monitoring progress in improving health systems performance need to factor in the urgent need for expanding education and training, employment and career development and the right to organize and collective bargaining of health workers and their trade unions.

It is regrettable that industrial conflicts have been quite rife. The WHO secretariat recorded over 800 health sector strikes worldwide, over the last year. A significant number of these were in our region. And these have dire impact on progress towards UHC.

Most of these could have been avoided if "concerted tripartite social dialogue" as recommended in the Working for Health Action Plan were promoted. We thus urge MS to uphold the labour rights of health workers and see trade unions in the sector as critical social partners.

The place of Community Health Workers (CHWs) for achieving UHC is crucial. They are central to strengthening primary health care. And in most countries, they played invaluable roles in contact tracing, which contributed to slowing down the spread of COVID-19 in the region.

We call on MS to utilize the "WHO guideline on health policy and system support to optimize community health worker programmes", and thus ensure adequate training and remuneration for CHWs. This will inspire greater commitment on their part to the quest of achieving UHC.

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