

# AfHEA 2022 SCIENTIFIC CONFERENCE DAILY REPORT

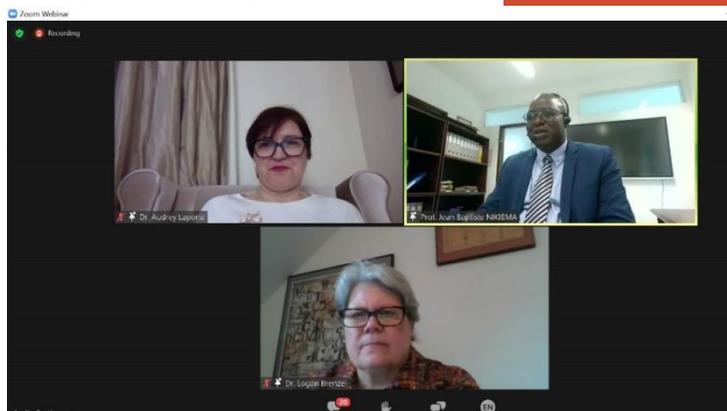


## DAY ONE:

### A Comprehensive Summary of highlights and key messages

As promised, the first day of the AfHEA 2022 Scientific conference was exciting!

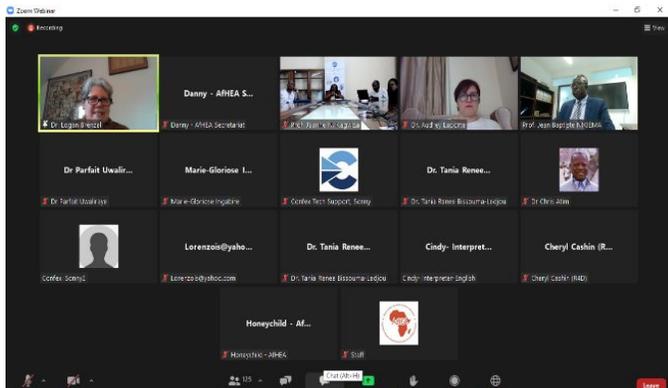
The conference was held virtually in Kigali, Rwanda, under the theme, “Towards Resilient Health Systems in Africa: The Role of Health Economics and Policy Research”. The theme of the conference is of much significance given the important role of research evidence in driving policy making. In addition, the ravaging effects brought by COVID-19 threaten to worsen health outcomes in the African region, and undo some of the notable achievements that have been realised in most of these countries. It has also amplified the importance of knowledge sharing and exchange of information on how best to use health economics and policy research in making informed decision to build resilient and sustainable health systems which are responsive to the needs of people. About 150 participants joined virtually and actively engaged in the discussions of the day.



During the Opening Ceremony

## OPENING CEREMONY

In the opening ceremony, Rwanda, was showcased as an example of a country making great efforts in ensuring financial risk protection for its citizens. The speakers highlighted that this ensured that more than 80% of the population who operate in informal sector was covered through the Community-based Health Insurance Scheme (CBHIS) also known as mutuelles de sante, and some others are covered by different sorts existing social public and private health insurances. The speakers highlighted the role of evidence in driving policy making and the great opportunity this conference provides for all participants to learn, collaborate, network and build capacity. One of the speakers noted that there exist enormous potential areas for collaboration between AfHEA and partners in health economics such as on developing series of health economics workshops and other capacity building events. AfHEA’s role in this regard was acknowledged by all speakers.



Opening Ceremony Grid view of speakers and participants

## PLENARY SESSION 1:

### Building Back Better Health Systems: The Role of Innovation, Multi-Sectoral Approaches and Global Financial Architecture in Building Resilient Health Systems in Africa.

The first plenary session was on 'Building back better health systems: the role of innovation, multi-sectoral approaches and global financial architecture in building resilient health systems in Africa'. Key messages from the discussion were the importance of addressing fragmentation in health financing and adapting financing mechanisms to ensure sustainable funding of the health sector.

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### PLENARY SESSION 1 contd.

Also, looking beyond health systems and engaging in multi-sectorial collaboration has the potential to build better health systems. The role of data and evidence in this context cannot be underestimated. Decision makers in Africa are often challenged by scientific uncertainties emanating from having less access to good quality data and analysis. Therefore, there is a call for academic and research institutions to work together with the decision makers to improve the availability of data.



Plenary 1: Moderator (middle left) & Speakers

### PARALLEL SESSIONS

The session on strengthening public financial management (PFM) system provided insights among others, on the PFM systems available in the public domain in different countries, COVID-19 health expenditures to inform efficiency and equity of investments of future pandemics as well as highlights of approaches and key findings in addressing weak financial management systems in tertiary hospitals systems. The lessons learnt are that at health facility level, the use of special forums is key for increasing collaboration engagement and communication. In some countries, employing this strategy improved stakeholder engagement without requiring physical presence, despite lockdown.

The session on 'Investing in health systems post COVID' shared lessons on how some countries leveraged on the COVID-19 pandemic for improved health financing and strengthening health systems for improved delivery of essential health services. Some of the key messages from the session were that Covid-19 has brought improved community engagement in many ECOWAS countries; the government and private sector have worked together to combat covid-19. But the question remains, is the resources used to combat covid-19 sustainable despite the increased investments in the health sector during the pandemic?

The session on "strengthening community health systems" evaluated the challenges and opportunities about resilient health systems. Key messages emerging from the session are that: "It is important to build preparedness of Community Health Workers (CHW) to respond to health security threats and pandemics such as COVID 19, as well as the management of the response. It is also imperative to increase social accountability by strengthening the community to know what is allocated to them and demand accountability and transparency in how the resources are used by duty bearers.

One of the sessions provided insights into "how country public finance management systems can enable better response to future epidemics: What lessons have African countries learned from COVID-19?" The take-away messages were that public financial management is crucial in responding to public emergency like COVID-19. Therefore, in countries with fragmented, vertical program-focused and poorly transparent PFM systems, there is a need to implement program-based budgeting (PBB) in order to improve preparedness response and efficiency.

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### Parallel Sessions – Poster, Oral and Organized Sessions

The plenary session was followed by nine other parallel sessions which includes two poster sessions, two oral sessions and five organized sessions. The parallel sessions reflected and discussed key topics such as innovative approaches to health system strengthening, building Back Better Health Systems, Planning to Invest in the Health Workforce in Africa, strategic health purchasing in sub-Saharan Africa and adjustments needed for financing systems to become more resilient to pandemics, the use of data and evidence for decision making in HTA, the impact of COVID on Health Services etc.

The following are the summary of the key messages and recommendations from the parallel sessions on Day 2:

1. Policy makers should work to get vaccines to the public as quickly and widely as possible. International donors and development partners should work with countries to secure vaccine supply and support delivery system.
2. It is important to involve the policy makers from the beginning of the research not just presenting the result.
3. Local data and evidence is important and focus should be on timely, credible and contextualized research,
4. Interventions to address vaccine hesitancy were not considered and more research may be needed to address vaccine hesitancy.
5. Even with same vaccine and vaccination programs, different countries are likely to have different experiences due to their epidemic history, demographic, social behaviors or other factors.
6. Health purchasing arrangement influence the response of pandemic.
7. Good to establish disaster management kit at country level for response of emergency
8. Establishing permanent national level account is crucial for public emergency response
9. It is important to include disaster response in program-based budget to insure allocation of the funds
10. Capacity development is very important in advancing HTAs, strengthening local research and ensuring that there is timely research.
11. There is a need to create a system that can be adapted by countries to answer urgent questions like Covid-19 unknowns to bridge the gap between knowledge and policy.

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## DAY THREE:

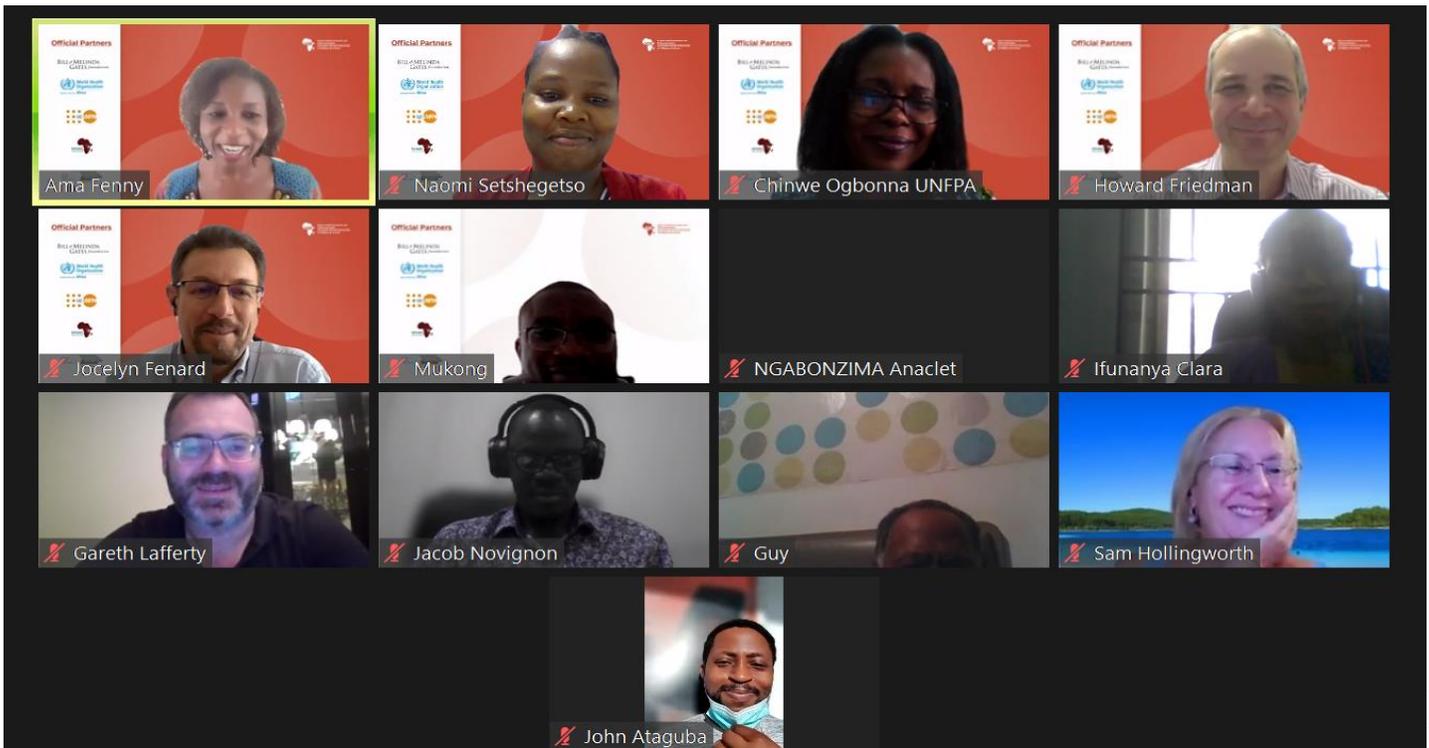
### A Comprehensive Summary of highlights and key messages

Day three was marked by calls for sustainable funding allocations and greater investments in health to accelerate achievements!

WEDNESDAY 9<sup>th</sup> MARCH

## PLENARY SESSION 3

The third day kicked off with a plenary with the aim to share the lessons from six countries in West and Central Africa on health systems responses to COVID-19 for strengthening future national and sub-regional health security responses. Zooming into how to build resilient health systems, the speakers shared insights on the importance of learning from other countries and previous pandemics to strengthen the current efforts to address the on-going COVID 19 pandemic and future pandemics. Among others, it was suggested to take into consideration not only the clinical impact of diseases but also socio-economic and financial implications hence tailor-making response, research and health system strengthening before, during and after pandemic. There is need to match the real situation on the ground with the response employed. Use of data and relevant information to inform decision making is essential.



*Snapshot of participants during the session*

The take-away message from the plenary session was that to better respond to future pandemics, Africa and the world should consider evidence and experiences from past pandemics and experiences from other countries/regions including understanding what interventions and strategies worked and why they worked.

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### PLENARY SESSION 3 (contd.)

"Experiences of other countries really helped us in designing our own response to the COVID 19" – Dr Chinyere Okek – University of Nigeria. Nigeria drew lessons from the previous diseases/pandemics of polio and Ebola (the power of proven interventions).

### PARALLEL SESSIONS

#### *Investment cases for transformative results in the decade of action: case studies in Sub-Saharan Africa*

The session underscored the importance of investing resources in order to achieve transformative results associated with family planning outcomes, gender-based violence, female genital mutilation and maternal death. Most countries in Africa do not have a robust investment case hence, these countries do not provide the right information to decision makers on where to invest, how to invest and which scenario they should follow. Investment cases guide national spending and accountability for domestic resources. It helps to prioritize through evidence based multi-sectorial policy actions and also guides efficiency in spending for domestic and external sources of financing. Despite lack of data in most African countries, compiling evidence from all the findings justify the urgency to scale up effective coverage with targeted financing investments. As a take-away message the speakers urged that there is need for countries to scale-up national health demographic survey as these are the surveys that are mostly relied upon for providing evidence to guide policy decisions.

#### *Scaling up surgery in sub-Saharan Africa: exploring the fundamental economics and dynamic complexities*

The session raised pertinent challenges, opportunities likely to hamper efforts towards making health systems resilient. Some of the issues raised were the lack in domestic resource mobilization for surgery in sub-Saharan Africa regardless of the fact that many diseases are surgery related. The speakers noted that surgeries are not affordable to the majority of the people and they are more likely to suffer from catastrophic health expenditures. In addition, it was noted that referral infrastructure are weak and overstretched and that hospital efficiency combined with capacity measures and surgical output, is a better indicator of surgical performance than capacity measures. Some of the policy recommendations and take-away messages were highlighted in response to the challenges raised were that countries need to explore current national level resource mobilisation and allocation patterns of resources.

#### *The economics of neglected tropical skin diseases: findings from Liberia, Ghana, and Ethiopia*

The session indicated that the economic impact of neglected tropical skin disease had an effect on health seeking behaviors in these countries. Traditional healers were sought first due to proximity in the community, flexible payment terms and low cost as compared to the formal health centres. With regard to severe stigmatising skin disease, the speakers indicated that the major challenges was the minimal support from Government for funding which often lead to increased scenarios of stockouts and in some cases undermined quality of service. Therefore, patients bear most of the cost and this cost is not restricted to their livelihood but affects the family. The issue with stigmatization was also a key factor in accessing healthcare. A key take-away message from the session was, that it is important to advocate for policy reforms to support patients with neglected diseases category since the cost of care and seeking treatment are borne by patient with little government intervention.

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### PARALLEL SESSIONS (contd.)

#### *Harnessing knowledge for health systems: the role of co-producing knowledge,*

The session identified issues such as poor tractability, credibility and low relevance of researches, low capacity of both policy maker and evidence producer as well as poor system to link evidence producer with policy maker, as challenges with the potential to negatively impact resilient health systems. The speakers emphasised the need to designing and strengthening the strategy to link evidence maker and policy maker as well as digitalising evidence to ensure it reaches a wide audience.



*Snapshot of Speakers during the parallel session*

#### *Cost and cost – effectiveness of health interventions*

The session underscored the importance of conducting cost effectiveness analysis for interventions before implementation and the use of evidence generated from such studies. As take-away message, the speakers emphasised the need to increase the health insurance coverage for the vulnerable or affected groups. Through investment on social health Insurance schemes, catastrophic OOP expenditure can be reduced and it will lead to effective and efficient resources allocation for service delivery. This can be achieved through capacity building of Key stakeholders, frequent donor funded National strategic planning & costing of Health interventions workshop and conferences in low-income countries.

### POSTER SESSIONS

Discussions from the poster session on resources allocations, emphasized that the removal of user fees in public facilities must be well planned otherwise it could lead to deterioration of quality of care. It is pertinent to align with political priorities and technical capacity. The speakers shared interesting insights in how the use of voluntary schemes for informal sector has failed to achieve UHC resulting in high catastrophic expenditure seen in most countries in Africa, which, is partly attributed to low allocation of resources to the health sector. Therefore, there is need to optimize the available resources by addressing wastages and prioritizing health promotion as well as increasing budgetary allocation of resources to the health care sector.

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## DAY FOUR:

### A Comprehensive Summary of highlights and key messages

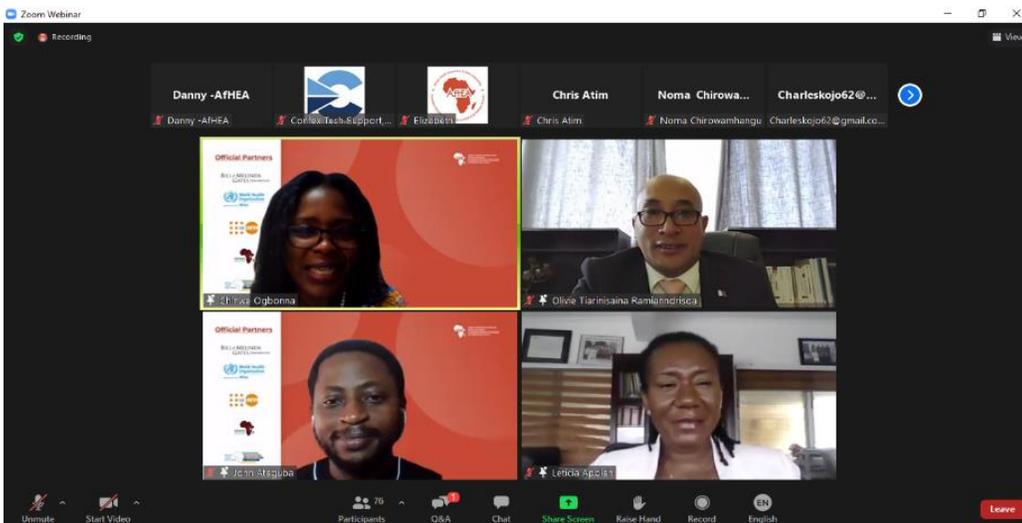
Day Four was marked by Calls for Home Grown Data Solutions in Africa to Improve the Availability of Data!

THURSDAY 10<sup>th</sup> MARCH

## OVERVIEW

On the menu, was the fourth plenary that focused on *“Accelerating towards universal access to sexual and reproductive health and rights (SRHR) in the Decade of Action”*. This was followed by seven parallel sessions made up of two poster sessions, three oral sessions and two organized sessions. A meet and greet networking session which replaces the traditional AfHEA Gala Dinner sessions climaxed the menu for Day 4. There were further discussions from the poster sessions on investment in training health workforce and determinants of health as well as varied parallel sessions that addressed issues of equity, distribution and financing on vaccine economics, among others.

## PLENARY SESSION 4



Snapshot of plenary 4 speakers

Discussions on the plenary session pointed out that countries are still far from achieving the Sustainable Development Goals (SDGs) and much should be done to improve health outcomes within the African context. This is partly because unlike developed countries that fully fund their sexual and reproductive health given the ripple effects that sexual and reproductive health has on other sectors. Sexual and reproductive health programmes

are donor funded in most developing countries including African countries, and pandemic has affected the efforts to achieve the SDGs given that the donors were now focusing on Covid-19. There is thus, a need to address financial resources by encouraging private sector participation in sexual and reproductive health and to produce family planning locally to reduce stock outs. In order to improve family planning coverage, there is need to learn from the immunization programme. Policy makers should ensure the availability of quality data for use by researchers. Considering that, data is important in telling the story and coming up with robust analysis, which will be used to inform policies, there, is need for homegrown data solutions in Africa to improve the availability of data for informed policy decisions.

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### PARALLEL SESSIONS

The parallel session on malaria, non-communicable diseases (NCDs) and HIV research, considered both the costing and the burden of these diseases. On costing, it was debated that there is a need for systematic approaches to costing and cost evaluation as well as synchronizing systems in health facilities and health systems as a whole. Cost should also not only be clinical but, should consider the cost to the society (social determinants of health and health costs) as well as take note of the direct and indirect costs. Evidence presented by the speakers shed light on the fact that the global burden of HIV/AIDS, Malaria and NCDs lead to catastrophic health expenditures despite efforts to provide medicines at no cost to the patients (e.g. in ART for HIV/AIDS) and, other determinants such as cost of reaching the health care facility, consultation fees (user fees), cost of treating opportunistic infections.



*Dr Brendan Kwesiga, moderating a parallel session*

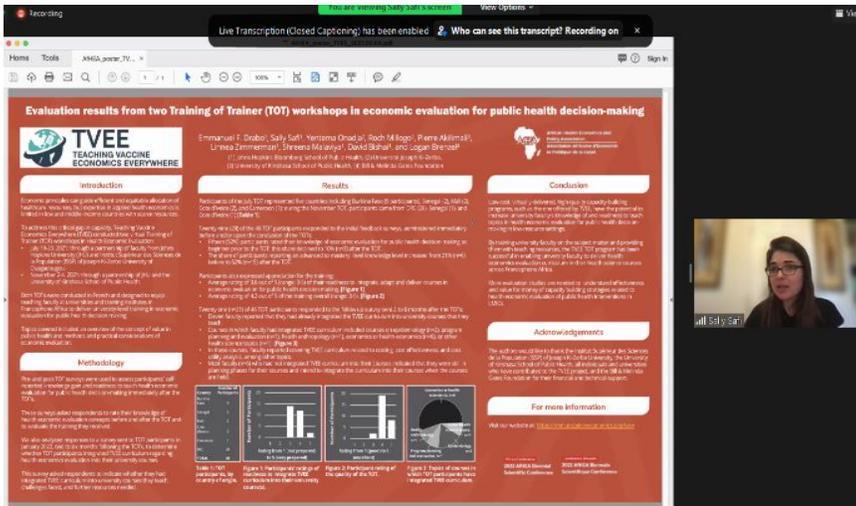
Some of the take-away messages emanating from the session was that costing is a critical part of health economics in all diseases settings to assess the cost effectiveness and budget impact of interventions to help inform planning and decision making. Policies should aim at finding innovative ways to reach patients beyond provision of medicines at no cost to them to curb against catastrophic health expenditure in addition to finding ways to address data gaps that arise from patients reporting inaccurate or unaccounted for investigations. As the cost of implementing the same program are different between countries given the difference in cost of transportation, procurement and structures, policy making should be sensitive to incremental costs related to a particular intervention in each setting.

Deliberations on the vaccine economics: equity, distribution and financing parallel session identified pertinent issues comprising of vaccine hesitancy, missed opportunities for vaccination, poor quality of routine immunization data as some of the factors mitigating against adequate vaccine coverage. To this end, the speakers were in agreement that introducing a policy that ensures screening of the immunization status of children during hospital visits for other issues could help reduce missed opportunities for vaccination and result in a drive towards the achievement of the 2030 immunization agenda. In addition, capacity building sessions for health workers on improving routine immunization data quality, vaccination -eligibility screening at immunization clinics and triangulation of hospital visits with immunizations are factors that could enable improved vaccination. With regards to COVID-19, the speakers noted that although vaccination is a cost-effective method for combatting infectious diseases, it is necessary that any country which chooses to utilize COVID-19 vaccination as a sole strategy to curtail the spread, should evaluate its resources to determine what is required for the introduction and sustainability of the programme before commencement.

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### POSTER SESSIONS



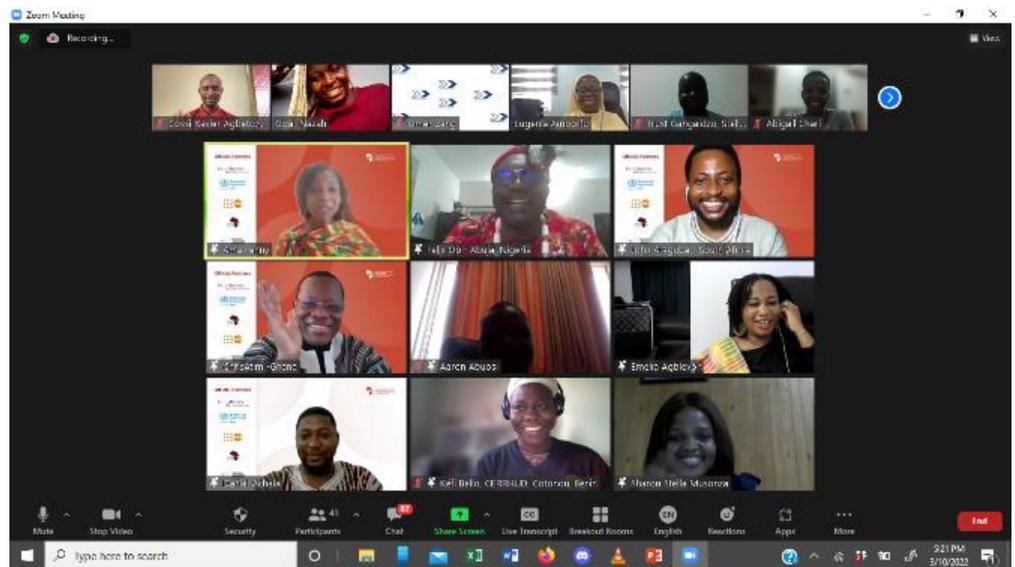
*A participant presenting a poster*

The discussions from the poster sessions on Day centered on the social determinants of health being: transport, gender and dental service utilization and investment in training health workforce. It was noted that even though training of health workers is important to have systems with good adaptability, there is limited availability of training resources to workers in academia – something that has the potential to negatively impact building resilient health systems. However, online training presents itself as an opportunity to tap into as it reduces the human interaction that can be important in the training process. Therefore, a take-away

message is that when planning for reforms, health care expenditures should be allocated to health worker training so that they can properly deliver interventions. There is also a need to identify data to evaluate links between different blocks of the system such as training and the intervention delivery

### VIRTUAL MEET & GREET NETWORKING GALA

Day 4 was climaxed with a meet and greet networking session, which replaced the traditional AfHEA conferences Gala Dinner. The purpose of the session was to provide participants the opportunity to engage, network and share experiences in their areas of interest and opportunities for collaboration. There was a plenary session, which allowed participants to introduce themselves and share brief experiences and areas of interest. Breakout groups made up of North, South, East, West and Central Africa for the purposes of close networking and engagement as well as learning about each other's areas of interest and work followed the plenary networking. Key experiences shared included the need to provide opportunities and platforms of this nature for networking an learning, the need to increase collaborations on research across different sub-regions, the need to increase collaborations among Francophone and Anglophone countries and researchers etc.



*Snapshot of participants at the meet and greet networking session*

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## DAY FIVE:

### A Comprehensive Summary of highlights and key messages

Day Five: The Curtains Come Down! ...as the 6th AfHEA Scientific Conference came to a close!

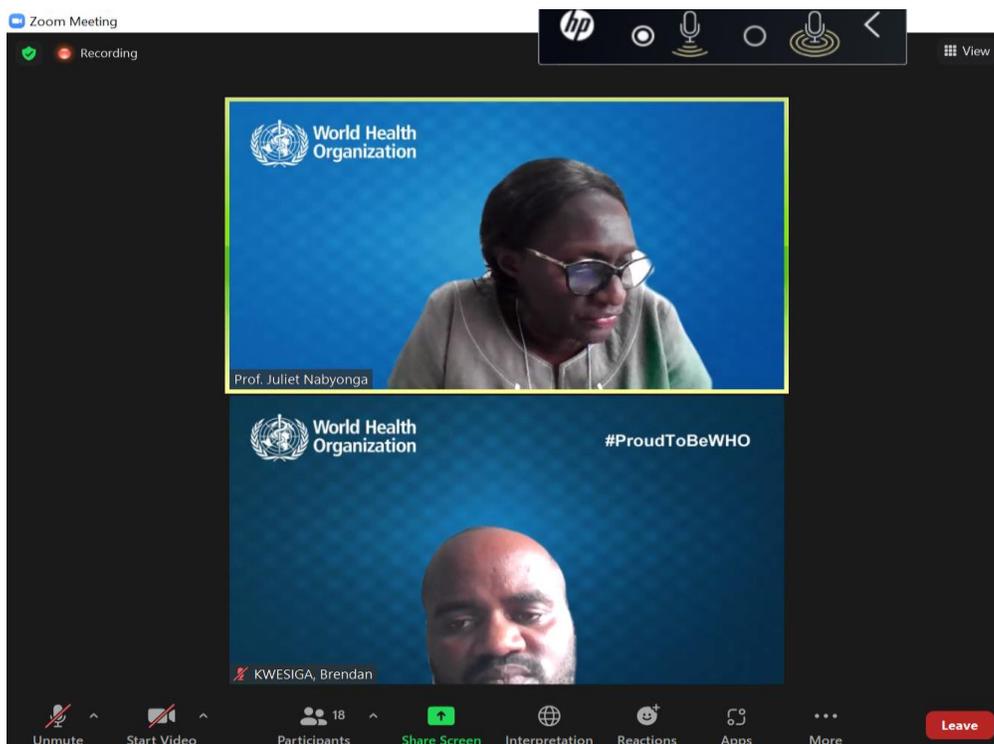
FRIDAY 11<sup>th</sup> MARCH

## OVERVIEW

As the curtains on the sixth scientific conference comes down, policy messages were drawn from interesting discussions on varied sessions focusing on maternal health interventions, health sector perceptions and demand for services and innovations to improve health systems.

## PARALLEL SESSIONS

The final day of the conference was packed with interesting discussions around topics such as preparedness of low- and middle-income countries prepared for transitions away from donor financing for health, Building Back Better Health Systems: Why Health Systems Efficiency Matters, Building Resilient Health Systems, evaluation of Health Financing systems, Maternal, Adolescent and Child Health Interventions among others. There were 11 parallel sessions on Day 5 of the conference.



Snapshot of some participants on Day 5

The parallel session that interrogated if low- and middle-income countries are prepared for transitions away from donor financing for health, emphasised that preparedness for donor funding transition is essential to make sure services are continuously delivered to population, especially the most disadvantaged. While challenges such as poor information and monitoring of UHC progress exist, transition could be turned into an opportunity to integrate vertical programmes into. Countries need to conduct comprehensive assessment of domestic revenue, health needs, fiscal space and planning tools as well as leverage technology to develop capacities for the

government through coaching and resource repositories. This will among others, support programmes such as the expanded programme on immunization (EPI) and maintain equitable distribution of vaccine services after transition.

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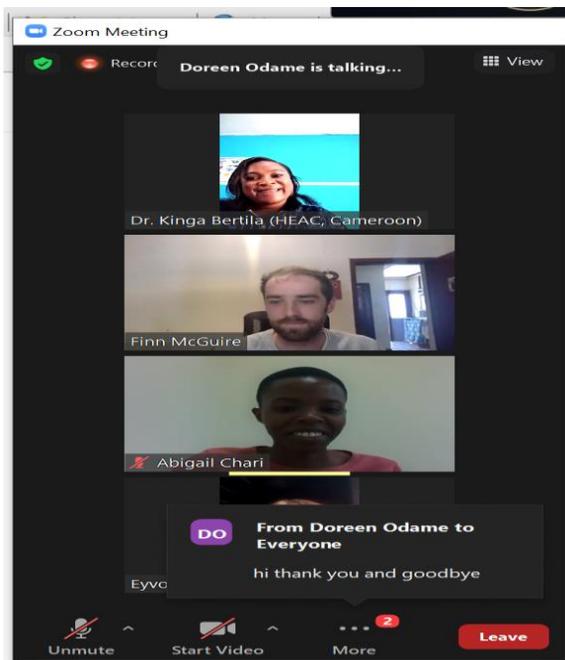


### PARALLEL SESSIONS (Contd.)

The session on evaluation of health financing systems shared insights on how community-based health insurance schemes contribute to UHC and how such schemes can be improved. On the supply side, it was highlighted that while the reinforcing capacity of HMOs with salaries of managers can extend coverage of enrolment in CBHI, this is not enough to ensure viability of the schemes (linking salaries to performance, or behavioral policy). The challenge of manual claims verification processes causes inefficiencies. Automating helps identify many errors, even at vetting stage, enabling for correction and significant reduction in claims submission by providers. On tackling the question of how to make CBHI a more viable mechanism to contribute more significantly to the health insurance system since it does not raise sufficient money, several solutions were offered. Among them was administrative capacity strengthening to ensure strong health insurance schemes as well as mandatory enrolment and increase level of risk pooling. The latter being made against the context that, even when poor are subsidized in health insurance coverage, there are many other factors that inhibit access to services, that need to be analyzed for adjustment in the operations and coverage.



Snapshot of some participants on Day 5



Snapshot of some participants on Day 5

The session on health insurance and willingness to pay noted that the determinants of people's readiness to pay for health insurance are mainly those related to their earnings and purchasing power and not necessarily, the presence of diseases or the health status of individuals. To capture more citizens in the National Health Insurance schemes regardless of their socio-economic status, the government should design ways of providing more job- and money-making opportunities as well as programmes that would accommodate more households, hence improving their access to health insurance. In this regard, the speakers suggested that cost effectiveness analysis (CEA) is essential to determine how to allocate resources to the health system and to capacity building of human resources for health (HRH). In some countries, paying-for-performance scheme was indicated to be beneficial to the pediatric HIV programme and prevention of mother-to-child transmission (PMTCT) and thus, suggested it could be scaled up for use in other programs within the health sector although other funding mechanisms may be needed to sustain the adult HIV programme.

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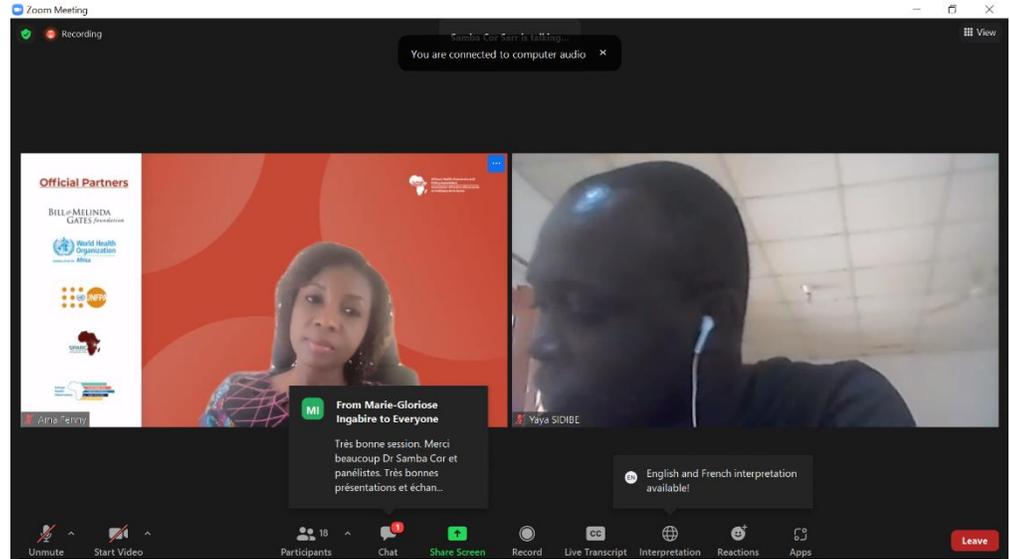
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### PARALLEL SESSIONS (Contd.)

Several gaps have been noted in policy research including poor communication between researchers and policy makers, poor community involvement in research and policy process. Considering this and the fact that context plays a very critical role in the analysis of risk protection and coverage, the session on engaging stakeholders to use evidence for policy making thus, stressed on the use of participatory and embedded research as key ingredients to successful policy-making.



*Chairperson of the scientific committee, Dr. Ama P. Fenny and a participant, Dr. Yaya Sidibe*

### POSTER SESSIONS

Speakers on the poster session on maternal health interventions deliberated on ways to improve maternal health. For some, this was made against the background that frequent malaria prophylaxis stock was detrimental to neonatal health and presented missed opportunities in improving neonatal and maternal health outcomes. It was underscored that policy makers should invest in technological systems such as pharmaceutical information system to help manage inventory and prevent stock out scenarios. In some countries, it was indicated that maternity waiting homes (MWH) was employed as a policy to ensure mothers are relocated close to a health facility at late-stage pregnancy that ensures births take place supervised in a health facility. Even though the MWH policy may not have yielded a significant positive impact in some countries where it was implemented, it was noted that such policies and strategies could be implemented in countries with low utilization of health facilities for deliveries.

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Discussions on the poster sessions around health sector perceptions and demand for services noted that the pandemic provided us an opportunity and a benchmark to accelerate progress towards planning and revamping our health responses. Therefore, health systems strengthening should be a continuous process. Accountability should be integrated into policymaking as it is key in addressing common health systems challenges such as corruption, poor public (health and financial) policies, short human resources supply among other. In addition, the voice of communities or the populations should be key in all the planning and decision makers to capture their needs, perceptions and preferences, this can even be noticed from the trends in utilization of services.

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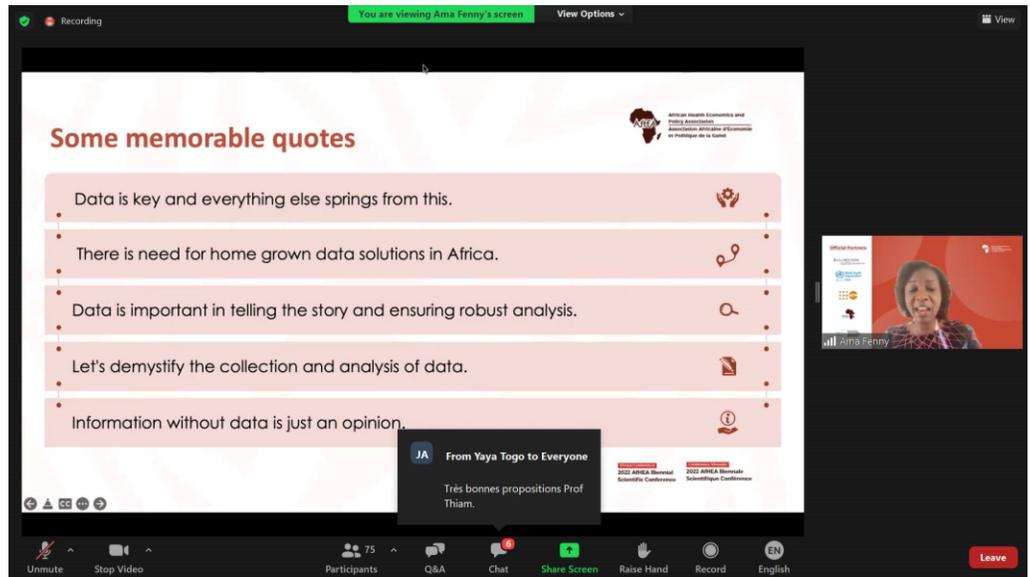
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### CLOSING CEREMONY

To mark the closure of the 5 days sixth AfHEA Scientific Conference, 7 key messages centred around vital outcomes of capacity-building, collaboration and networking were drawn. These key messages are:

- **Harnessing knowledge for health systems: the role of co-producing knowledge, identified issues such as poor tractability, credibility and low relevance of researches, low capacity of both policy maker and evidence producer as well as poor system to link evidence producer with policy maker**
- **The importance of knowledge sharing and exchange of information on how best to use health economics and policy research in making informed decision to build resilient and sustainable health systems which are responsive to the needs of people.**
- **The role of evidence in driving policy making but dependent on the quality of data and the infrastructure that supports its acquisition.**
- **Find innovative ways to address data gaps eg. Co-opting data champions**
- **Importance of learning from other countries and previous pandemics to strengthen the current efforts to address the on-going COVID 19 pandemic**
- **Despite lack of data in most African countries, compelling evidence from all the findings justify the urgency to scale up effective universal health coverage with targeted financing investments.**
- **Process as important as the products developed – building trust and relationships across all levels and all sectors**



*Chairperson of the scientific committee, Dr. Ama P. Fenny during the closing ceremony*

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