African Health Economics and Policy Association (AfHEA)

The Afya Newsletter

A few words from the Executive Director

I welcome all our readers with great excitement to this maiden edition of the African Health Economics and Policy Association newsletter. When we were preparing to set up our association, one of the key reasons we settled on the AfHEA acronym was its close resemblance to the Swahili word for health, afya, which is also the word for health in several other African languages. It seems therefore appropriate that our newsletter should be called Afya.

Afya will serve primarily to inform our members and our other stakeholders about AfHEA and what it does. More broadly, and in time, it could also be a tool for information sharing and exchange among members, promoting relevant activities and notifying readers of upcoming conferences, workshops and other events. It will also support the dissemination of high quality research findings by health economists and health policy analysts working in Africa and on Africa-related issues, in subsequent editions by publishing a list of recent publications of members and the journals where such can be found. However, Afya is not meant to be a scientific publication but will point readers to such publications.

In this maiden edition, we take you on a tour of the AfHEA world – her vision, mission, goals, membership, activities, opportunities and upcoming events. I sincerely hope that at the end you will be motivated to play an active part in this winning world.

Once again welcome to Afya and have a pleasurable reading.

Chris Atim,
AfHEA Executive Director

The Post-2015 African Health Agenda and UHC: Opportunities and Challenges

The third AfHEA International Scientific Conference scheduled

We call on all African health economists and health policy analysts or those working in Africa or on research of relevance to Africa to submit abstracts for the Third Conference of the African Health Economics and Policy Association (AfHEA), which will be held in Nairobi, Kenya, from 11 to 13 March 2014. The overall theme of this conference is "The Post-2015 African Health Agenda and UHC: Opportunities and Challenges".

A view of the Safari Park Hotel, the venue of the third AfHEA Conference
Call for abstracts

Researchers and other actors are encouraged to submit abstracts on this broad theme or indeed on any other interesting, innovative or topical African health sector or systems research which, upon selection by our scientific committee, may be presented orally or in poster format at the conference.

Proposals for organized sessions are also invited from interested individuals or institutions. Please note however, that we do not accept proposals for plenary session themes or to organize such a session during the conference.

Abstracts may be submitted in English or French and must be structured as follows:

- Title of paper
- Name, institutional affiliation and e-mail address of presenting author
- Names of co-authors
- 400 word maximum abstract which indicates the aim and objectives of the paper, the methods used, and the key findings.

Abstracts must be submitted online at https://afhea.confex.com/afhea/intl14/cfp.cgi by 31 August 2013.

They will be reviewed by the AfHEA conference Scientific Committee, which includes representatives from a wide range of African countries and is co-chaired by Prof. Di McIntyre of the University of Cape Town and Dr Jane Chuma from KEMRI in Kenya. Those submitting abstracts will be informed of the outcome by the end of September 2013.

How to register?

Details of the conference registration, including fees and costs, will soon be available on the AfHEA web site:

www.afhea.org

The venue

Conceived over fifty (50) years ago, the Safari Park Hotel & Casino has grown from a British Army officers retreat center during the colonial period to its current status as a World renowned inland resort. Surrounded by sprawling fifty (50) acre rich manicured gardens, the Hotel combines the intrigue of African architecture and art with an infrastructure on the cutting edge of technology.

It is the leading leisure and largest conference hotel in East and Central Africa, offering a unique combination of business and relaxation.

The Safari Park Hotel was established in Kenya in the year 1967. In 1974 it acquired the then Spread Eagle Hotel (which was a small hotel ran by the Boswell Family). The name was changed to Safari Park Hotel & Country Club. It had only 105 rooms and a Three ‘3’ Star facility.

In 1985 the Hotel got burnt by a fire outbreak, this slowed down the development of the Hotel. In 1986 a seven (7) Phase renovation plan was put underway to create the new look of Safari Park Hotel & Casino.

A grand opening of the current Safari Park Hotel & Casino was officiated by His Excellency the retired President, Daniel Arap Moi on 11th November 1992.

Upgrading and improvement of facilities continues in order to match the speed of technological changes and to always meet the demands of the ever changing world.

www.safaripark-hotel.com/
Travel Information and useful links

Depending on your nationality or country of origin, you may need to apply for and get a **visa before visiting Kenya**. It is important that you do so immediately upon making the decision to travel, and that you make sure your visa does not expire during your travel. You can apply for and get a Kenya visa from your nearest Kenyan embassy or consulate. Although it’s advisable to get a Kenya visa from your country of origin before you travel to Kenya, you can always get one at the Kenya immigration office upon your arrival.

Remember that **Kenya has a tropical climate**. Before you travel to Kenya, make sure that you are up to date on all immunizations.

Enjoy wildlife safaris, bird watching, windsurfing, horseback riding, golfing, canoeing, kayaking, sailing, mountain biking, snorkeling, scuba diving, hot air ballooning, mountain climbing, hiking, water skiing, fishing, and many more wonderful activities.

Need more information? Please visit:


Tourist attractions

Famous for its classic savanna safaris, Kenya is a country of dramatic extremes and classic contrasts. Deserts and alpine snows; forests and open plains; the metropolis of Nairobi and colorful tribal cultures; freshwater lakes and coral reefs. The wildlife safaris have been the top tourist attractions in Kenya for decades.

**City Safari, Nairobi National Park**

This is the only protected area in the world that is right in the city. In the awesome national park, great animal, bird and plant life is available. There are hyenas, buffaloes, lions, cheetahs, zebras, leopards, wildebeest, giraffes, zebras and warthogs. Here is where a tourist on a rush would be treated to the best that Kenya has to offer with the Nairobi national park being just a short drive away from the city center.

**Nairobi National Museum**

With a history that dates to as far back as 1910, a group of colonialists and settlers, who wanted a place to preserve some of their specimens for future generations, started the museum. Today, it is located on museum Hill, which is a very short drive from the city centre, just about 10 minutes. If you want to know the history of Kenya, you can learn it here.

**Lake Victoria Kenya**

Lake Victoria is the largest fresh water lake in the world and in east Africa, it is shared by three countries that include Kenya, Uganda and Tanzania. The Kenyan part of the lake is smaller than the other two. The Lake Victoria in Kenya has the port city of Kisumu and the local community is the Luo who are fishermen.

**The Jambo Kenya Deluxe**

Nairobi-Mombasa, is the train route Jambo Kenya Deluxe is also one of the largest in the world. There are many luxurious amenities in the train cabin. Ranging from two to bed and sink vanity table is laid out neatly. Train travel tickets are $ 50 or equivalent Rp430 thousand.
AfHEA Universal Health Coverage project

Synthesis of the project implementation

The overall aim of AfHEA’s UHC project is to build the capacities of African health policy makers and young researchers for the development and implementation of health policies and programs towards universal health coverage. Its specific objectives are: (i) the development of African talent and capacity building in the areas of health economics; (ii) the dissemination of findings from research conducted on African health financing issues and facilitate sharing and networking; and (iii) the establishment of platforms for engaging policy makers and facilitating debates between researchers, policy makers, practitioners and civil society at national, sub-regional and regional levels.

To this end, UHC surveys were commissioned and have been carried out so far (all end of April 2013) in 16 out of 20 earmarked countries and in 3 out of 4 regional/sub regional institutions. They are expected to be completed in all countries and institutions by May 2013. Analysis of survey results will broaden knowledge on challenges facing UHC programs in Africa and help refine the topics for policy makers’ workshops and seminars. It will also provide greater insight on health system transformations at the country level and the African continent at large being that the 200 respondents are drawn from policy makers, policy analysts and researchers in the various countries.

The online survey for the selection of topics for young experts’ capacity development programs began in April 2013 and will run throughout the month. The survey is being conducted mainly within AfHEA membership and stakeholders, including selected national training institutions. The survey questionnaire addresses the needs of younger professionals and researchers who work with UHC programs or desire to contribute to the implementation of country UHC programs. It is planned to supplement this procedure by interviewing some development partners and, if necessary, the staff of selected national agencies.

Both UHC and Young experts’ survey questionnaires were developed in a participatory manner among AfHEA staff, executive and board members as well as regional advisors. They quite visibly represent today’s state-of-the-art tool for rapidly assessing country UHC programs in Africa and identifying their strengths, challenges and areas still in need of improvement. Preparations for seminars and workshops for policy makers and young experts are underway. In this regard, a collaboration agreement was developed and proposed to CESAG in Dakar, Senegal (one of the selected training institutions) and will also be sent to African Population and Health Research Centre. Preliminary steps have been taken to ensure that the call for candidates and curriculum development for trainers are done as soon as the topics are selected. The first workshops and seminars are tentatively scheduled for June 2013. The dissemination work encompasses two key activities: (i) dissemination of research and AfHEA products related to UHC at regional meetings and (ii) collaboration with a research institution and an IT firm to redevelop AfHEA’s web site and undertake online dissemination of UHC-related research materials, among others. AfHEA has to date actively taken part in two regional body meetings, namely the ECSA-HC 56th Health Ministers Conference and the Harmonization for Health in Africa (HHA) initiative meeting held respectively in Arusha (Tanzania) and Tunis (Tunisia). AfHEA was also invited to and was represented at the African Health Forum of Health and Finance Ministers held in Washington, DC, in April 2013 in conjunction with the World Bank Spring Meetings.

Next steps
a) Completion of all UHC surveys followed by data compilation and analysis and selection of topics for workshops and seminars;

b) Completion of the online YRP survey followed by data compilation and analysis for the young researchers’ capacity building programs;

c) Development of course curricula, signing of agreement with selected training institutions and holding of workshops;

d) Call for bids for the selection of an African research institution and an IT firm followed by the redesign of the web site and availability of research materials to AfHEA members, policy makers and experts in the area of UHC in Africa;

e) Finalization of the evaluation tool that will be used to assess the impact of the project. AfHEA will also continue to influence policy making in countries’ health sectors through its technical support and participation in meetings of regional and sub-regional organizations.

Build the capacities of African health policy makers and young researchers for the development and implementation of health policies and programs towards universal health coverage

Bidding documents for the selection of the research institution and IT firm were prepared and validated by AfHEA executives and key stakeholders. The completion of these activities would give AfHEA the opportunity to undertake extensive online dissemination to its target groups.

AfHEA pursued implementation of its newly established monitoring and evaluation framework. This tool is being used, among others, to monitor and assess progress against project deliverables and targets.
African Research to Policy program (ARP)

The African Research to Policy program aims to:
- Actively define the research agenda;
- Interface between policy makers, researchers and development partners;
- Stimulate debates and discussions;
- Advocate for use of best practice methodologies and tools in African health economics and policy.

Key regional institutions of African policy makers such as the AU, ECSA and WAHO will be able to take health financing policy decisions informed by the latest research evidence and state-of-the-art knowledge in this field.

Research Users Program

The Research Users program intends to:
- Organize skills workshops for policy makers equipping them with knowledge and tools to make informed decisions on universal health coverage;
- Foster links with decision makers and research users;
- Facilitate debate on alternative health financing mechanisms as a moderator;
- Make available online to policy makers, researchers and experts, international and grey literature related to health financing and policy in African countries to ensure that policies taken by country policy makers are informed by knowledge and use of literature from other African countries.

It is expected that this interaction between researchers and policy makers will also enhance their relationships and build trust and collaboration between both communities.

Future Generation

The Future Generation program will:
- Actively grow AfHEA membership;
- Promote Forum for Debate and Communities of Practice;
- Engage “New Generation” of health economists;
- Support mentoring;
- Establish formalised Peer Review mechanism.

Capacities of young African experts will be strengthened in areas of priority health financing Technical Assistance needs for African health sectors. Ministries of Health and related Government agencies, local research bodies or other related national or regional organizations that do not currently have sufficient capacities will acquire the skills to undertake in-house technical analysis in those areas or have such capacities available locally to them.

AfHEA membership

Membership is at the core of the African Health Economics and Policy Association (AfHEA), and is open to all Africans and non-Africans (including institutions) working on health and health care issues related to Africa. AfHEA membership has grown tremendously (and continues to grow) since it was officially registered on the 17th of September 2008, with a massive surge in memberships recorded during the second scientific conference which took place in Saly, Senegal in March 2011.

Members include health economists and health care practitioners working in Universities or other research institutions, non-governmental organizations, multilateral agencies and in government ministries across Africa as well as policy makers, who share a passion for improving health care delivery through the implementation of best-practice research evidence and advocacy. There are also a number of AfHEA members who work as health economists in various capacities in the Diaspora.

Prospective members are required to complete a registration form and pay a one-off registration fee of US$ 50 as well as annual dues of US$ 50. The registration forms (in English and in French) can be downloaded from the AfHEA website at www.afhea.org.

The three technical programs of the AfHEA business plan

AfHEA membership has grown tremendously (and continues to grow) since it was officially registered on the 17th of September 2008.
Western Africa

AfHEA has been providing technical support to various groups and in various fora in the West African sub region. It has also participated in several developmental activities. In November 2012 AfHEA was at the first meeting of the steering committee for Demographic dividend for Africa. Other members of the committee were representatives from the Packard Foundation, UNFPA, AU, Partners for Population and Development, Gates Foundation, African Institute for Development Policy, African Centre for Shared Development. The meeting was chaired by the Economic Commission for Africa with the sole purpose to plan a side event in Abidjan during the 6th meeting of African ministers of Finance and Economic Planning. AfHEA participated in the Side Event. Resolutions from the Side Event included the need for African ministers to increase investment in the health of their populations in order to realize the demographic dividend.

As part of the ongoing UHC project, surveys have been undertaken in Freetown, Sierra Leone, and Accra, Ghana. Surveys have also been carried out in the following francophone countries- Senegal, Burkina, Benin and Cape Vert. Results are expected in the coming weeks.

Discussions are presently ongoing with CESAG (Institute of Higher Management Studies) in Dakar to host the training sessions and workshops on UHC. These trainings will target French speaking countries. Details will be announced on the AfHEA website once negotiations are concluded.

Eastern Africa

The East Central and South Africa Health Community (ECSA-HC) Advisory Committee ended on 10th April 2013. This Committee meets twice a year in April and September. The meeting that took place from 8 to 10 April 2013 reviewed the performance of the institution during the second half of 2012. As part of the achievements, the Committee commanded the establishment of the College of Health Sciences among others and the buoyant activities as regards global health diplomacy in the region. ECSA HC will hold its 57th Ministerial conference next month.

Southern Africa

AfHEA, Southern African Region plays host to 15 countries. The countries include Mozambique, Malawi, Swaziland, South Africa, Zambia, Zimbabwe Lesotho, Namibia, Seychelles, Tanzania, Democratic Republic of Congo, Mauritius, Botswana, Angola and Madagascar. Members are drawn from the academia, private and government institutions in these countries. Peer networks have resulted in member interactions and increase in skills and experience in health economics in the region. AfHEA has been represented in regional conferences and workshops such as International Society of Pharmaco-economic and Outcomes Research (ISPOR regional chapter), Equity Networks (EQUINET), Training and Support Centre (TARSC) and Health Economics Policy Research Initiative-Zimbabwe (HEPRI-Zim). AfHEA has a strong presence in University of Cape Town through the Health Economics Unit, Health Economics and Policy Research Initiative in Zimbabwe, University of Zambia and East, Central and Southern Africa Health Community (ECSA-HC), through the secretariat in Arusha, Tanzania. AfHEA has since enjoyed sound relationship with bodies such as ECSA-HC, WHO and UN agencies in the region.

In terms of associations, there has been a preliminary discussion about setting up national Associations in Zambia, which may then set a benchmark for national associations in the region.
Northern Africa

In Tunisia, the MoH is conducting “The societal dialogue for health system reform and strengthening of health governance”. Its main goal is a deep thought with citizens, associations, trade unions, professionals and decision-makers on their expectations and ways to improve the health system performance and reduce inequalities. This reflection, adopting a participatory and inclusive approach, will engage a public debate. Citizens will be informed, and their opinions collected. Discussions, ensuing on the priorities and potential directions of the health system reform, will inform the development of policies and strategies to be developed. The choices will be implemented in national and regional development policies. This dialogue will take place around four key objectives:— universal coverage and access to services and quality care,— reduction of the impact of social inequalities, including the social determinants of health,— improving governance of health system,— strengthening the system’s capacity of adaptation.

AfHEA achievements and awards

Conferences
AfHEA has held two successful conferences
— Inaugural Conference in Accra Ghana 2009
— 2nd scientific Conference Saly Senegal 2011

Technical support
AfHEA has provided Technical support to partners and National Governments
— AU Ministers of Health Conference in May 2009— Technical advice
— AU member states Ministries of Health – health financing strategies
— USAID, P4H, Abt Associates – provided experts to assist with programs
— HHA – participate in Communities of practice on Social Health Insurance, Results based Financing, Performance based contracting, Governance, etc
— Government of Ghana-NHIS
— Nigerian Government— Technical quality and organization of the financial access workshop
— 6th meeting of African ministers of Finance and Economic Planning – technical advice

Strategic Relationships
With the following, AfHEA has developed strong ties.
— African Union,
— West African Health Organization (WAHO),
— East Central and South Africa Health Community (ECSA-HC),
— Harmonization for Health in Africa (HHA) initiative and
— WHO’s African Regional Committee of Health Ministers
— Health Economics Unit of Cape Town,
— CESAG regional institute in Senegal

Collaborators/ partners
— International Development Research Centre (IDRC)
— Rockefeller Foundation (RF)
— World Health Organization African Regional Office (WHO AFRO)
— United States Agency for International Development (USAID)
— Bill and Melinda Gates Foundation (BMGF)

It is important to clarify that all AfHEA members who make presentations, provide technical advice or participate in any activity or event in the name of AfHEA always represent only their own views and technical expertise on these occasions and do not necessarily represent the views of the association.
The African Health Economics and Policy Association (AfHEA) was set up in 2009 as a non-political and non-profit making association. AfHEA identifies with the International Health Economics Association (IHEA) and with regional and national health economics associations or networks. Among others, the Association has developed strong relationships within the forums of health policymakers in Africa, including the African Union, the West African Health Organization (WAHO), the East-Central and South Africa Health Community (ECSA-HC), the Harmonization for Health in Africa (HHA) initiative and WHO’s African Regional Committee for Health Ministers.