**African Health Economics and Policy Association (AfHEA) Conference 2019**

**Abstract Submission for an Organized Session**

**Title:** Approaches for achieving Universal Health Care: Policy Perspectives from Africa and Asia – Part 1 and Part 2

**Suggested duration:** 3 hours

**Organizing Institution**: Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand

**Co-organizers**: PRICELESS South Africa, Kenya Medical Research Institute (KEMRI), and Imperial College London (ICL), Access and Delivery Partnership (ADP), Hitotsubashi University

**Abstract:**

Many countries across the world are working towards achieving universal health coverage (UHC) which is among the seventeen Sustainable Development Goals (SDGs). Over the years, there has been an expanding need and demand for improved, equitable, and affordable health care for people across Africa and Asia. For example, Kenya has announced its plan to achieve UHC as part of the government’s “Big 4” agenda by 2022; in Ghana, a national health insurance scheme has been implemented with a commitment to achieve UHC by 2030; South Africa has explored several options to implement UHC for its under-insured population; Senegal launched the Strategic Plan for Development of UHC Program in 2013, aiming to achieve UHC by 2022 as well; and in Asia, Thailand implemented its Universal Coverage Scheme (UCS) in 2002 while in 2018, India launched what is considered the largest health insurance scheme in the world.

Transforming and strengthening primary health care (PHC) has been central to the discussion on achieving UHC. However, substantial investments are required for making PHC a reality for populations, bringing issues such as health financing and priority setting of services to the fore. The experiences of addressing these issues vary across countries and continents, yet there are common lessons to be learned from all. For example, in Thailand, the government instituted PHC reforms over two decades before implementing its UHC policy.

The organized session aims to bring together researchers and practitioners from countries in Africa and Asia to share their experiences towards UHC for a policy-oriented discussion. Representatives from Kenya, Ghana, South Africa, Senegal, Vietnam, India, the Philippines, and Thailand will speak to a topic related to the sub-themes of the conference (e.g., health system strengthening and key methodological changes including capacity building in health economics and policy analysis) and will give context of the reform, the challenges faced, and lessons learned as well as the way forward. The format of the session for both parts 1 and 2 will be as follows: a moderator will introduce the topic and panel, after which each speaker will have about 13 minutes to make a presentation and take clarification questions; the rest of the time will be allocated for discussion with the audience.

Part 1: The topic areas for each speaker are provided below (TBC):

| **Country** | **Topic** | **Speaker (Organization)** |
| --- | --- | --- |
| Kenya | Role of research organizations in building capacity on health economics | KEMRI |
| Ghana | Applying Health Technology Assessment (HTA) for decision making: Cost-effectiveness management of hypertension in Ghana | Ministry of Health, Ghana |
| Thailand | Development of the pharmaceutical benefits package using health technology assessment (HTA) in Thailand | HITAP |
| India | Reaching the unreachable populations to achieve UHC | TBC |

Part 2: The topic areas for each speaker are provided below (TBC):

| **Country** | **Topic** | **Speaker (Organization)** |
| --- | --- | --- |
| South Africa | Health financing options for UHC in South Africa | PRICELESS SA |
| Senegal | Advancement of UHC by strengthening Monitoring and Evaluation Systems | Ryota Nakamura or the National UHC Agency in Senegal |
| Vietnam | Embedding evidence-based policy making for achieving UHC through the strengthening of PHC | TBC |
| Philippines | Building research capacity for evidence-informed policy making: Case studies from the Philippines | HTA Group, Ministry of Health (TBC) |