FROM THE EXECUTIVE DIRECTOR

I welcome you all to the 3rd edition of Afya. This edition is dedicated to the 10th anniversary celebration of AfHEA. We will take you on a journey with AfHEA - how and where it all started, its growth and development from taking baby steps to the nearly full grown organization we see today. We will also share our high and low moments. Read our story!
Many are aware that the African Health Economics and Policy Association (AfHEA) was formally launched in March 2009. What may be an interesting discovery is the processes, time, consultations, partnership-building and sacrifices that went into the formation and eventual launch of AfHEA. Here is a brief history of how AfHEA came to be:

In November 2004, the World Health Organization (WHO)-AFRO, formed the African Health Advisory Council (AHEAC) and Chris Atim was elected Chair. As the name suggests it was a council that was set up to play advisory role to WHO-AFRO on health economics and financing issues on the African continent. Following the formation of AHEAC, in 2005, African health economists attending the international Health Economics Association (iHEA) conference in Barcelona seized the opportunity to meet and discuss further on the need for a forum for Health Economics and Policy in Africa. In April 2006, a meeting was called by WHO-AFRO to draw up a health financing strategy for Africa, with technical support provided by the AHEAC set up previously. The African Health Financing Strategy was prepared by WHO-AFRO in collaboration with AHEAC.

At the same meeting in Brazzaville, AHEAC convened a bilingual meeting of health financing experts on the sidelines of the main meeting, with Dr Chris Atim and Dr Eva Pascoal facilitating and Dr Kodjo Evlo serving as interpreter. Thus was the bilingual character of AfHEA laid, and every other activity and initiative in setting up AfHEA as well as its operation afterwards, has been bilingual. The meeting also agreed to set up an online health financing forum which kicked off soon afterwards and was facilitated by Dr Atim with Dr Evlo doing translations.

In 2007, Chris Atim with support from Prof Di McIntyre, conducted an e-mail market survey of African experts to further assess the needs of health economics, financing and policy on the continent. The survey findings showed overwhelming support for a regional organization, and went further to define the basic parameters including constitutional provisions for that organisation. From that time in 2007 till early 2009 it was a beehive of activities preparatory to the inaugural conference including an initial preparatory meeting of an organizing committee in June 2008, as well as initial registration of AfHEA on the 17th of September 2008. It is worth recalling that the organisers’ meeting in 2008 was a meeting of mostly strangers, who, with the exception of Chris Atim and a couple of others, had never met each other before.
However, among the attendees was the late Divine Ikenwilo (whom we continue to mourn), who proved to be so lively and jovial that he soon helped to create a wonderful esprit de corps among perfect strangers. Another foundational aspect worth recalling is that that meeting was the beginning of the organic links between the future AfHEA and the Ghana Health Service, (GHS) which have endured till today. AfHEA pays tribute to the GHS for a valuable and enduring partnership.

This period was also the one during which all efforts were made to seek funding to set up AfHEA. First to provide a small grant to help generate confidence in the putative association was the Alliance for Health Policy and Systems Research (AHPSR) of WHO under the then leadership of Sara Bennett. This was meant to conduct a competition on user fees among students to choose the best three essays to be showcased at the inaugural conference. Next to step up in a big way was the Bill and Melinda Gates Foundation (BMGF), which provided more than $350,000 for the set up through the International Health Economics Association as the direct grantee. BMGF has since remained the most steadfast source of support for AfHEA. A further significance of the BMGF support was to convince other funders to get on board, beginning with the Rockefeller Foundation for the inaugural conference and IDRC for the second and third conferences.

The inaugural meeting also approved and ratified the draft constitution as well as a board of trustees with the following key officers: Dr Eva Pascoal as chair, Dr Chris Atim as executive director and CEO, and Prof Di McIntyre as chair of the Scientific Committee. An executive committee was in turn appointed by the executive director in consultation with the Board.

AfHEA Begins Its Journey

From the start AfHEA has been nonpolitical, nonprofit making, bilingual and guided by a constitution. It has a vision for better and equitable health for Africans through better policies and efficient use of resources. The overall mission is ‘to contribute to the promotion and strengthening the use of health economics and health policy analysis in achieving equitable and efficient health systems and improved health outcomes in Africa, especially for the most vulnerable populations.’

The membership of AfHEA is open to all Africans and non-Africans (including institutions) working on health and health care issues related to Africa. This includes 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 and research evidence. AfHEA operates through three main organs- a general assembly of members, board of trustees and executive committee. Through its sub regional coordinators, AfHEA is able to manage regional
relationships and have oversight of specific health issues and reforms affecting countries within the sub-region. There are also a number of national chapters that play a critical role in bringing AfHEA closer to its members in those countries and often partner with the Association in order to carry out activities in countries.

At inception AfHEA operated a virtual office, then obtained a space in the Ghana Health Service which also provided other institutional support such as the use of a dormant GHS bank account for a while until AfHEA was formally registered in Ghana.

AfHEA now has a physical office well equipped and located in Dworwulu, Accra Ghana, with administrative staff. As with other associations, AfHEA developed a business plan- with several associations, AfHEA developed a business plan- with several components such as: the African Research to Policy program (ARP) which actively defined a research agenda, the interface between policy makers, researchers and development partners; the Research Users Program which organizes skills workshops for policy makers to develop knowledge and tools to make informed decisions on universal health coverage and the Future Generation which aims to actively grow AfHEA membership, promote forums for debate and communities of practice, engage ‘new generation’ of African health economists. Many projects and activities have been executed under the business plan funded through various grant awards. Some of these are shared below.

Gradually but steadily, AfHEA has grown to become the ‘go to’ place for advice on health economics and policy in Africa, giving technical support and participating in high level meetings and other fora relating to health in Africa.

AfHEA holds biennial scientific conferences—a really big and significant event that brings together health economics, public health and health policy researchers and experts to showcase current best practices and research findings with an overall view to promoting health in Africa. Four of these conferences have been held successfully in different sub regions in Africa and the fifth one (coinciding with our 10th anniversary) will be held from 11-14th March 2019 at Kempinski Hotel Gold Coast Accra.

CONFERENCES

AfHEA’s inaugural conference

La Palm Royal Beach Hotel Accra, Ghana 10th-12th March 2009.

The AfHEA inaugural conference heralded the official launch of AfHEA and was convened under the theme “Priorities of Health Economics in Africa”, held at La Palm Royal Beach Hotel Accra, Ghana from 10th-12th March 2009. The conference received scientific papers in plenary and concurrent sessions on broad topics such as User fees - removal and exemptions; Economic evaluation of health care; Financing and policy issues; Economic issues related to HIV/AIDS, NCD, Maternal and Child health, malaria and Tuberculosis; Human resources for health; Community and national health insurance; Microeconomic techniques and issues; New trends and debates in international health financing; Facility funding, Costing and Budgeting of health services; to mention a few. There was great participation including the
### 2nd Scientific conference

**Location:** Palm Beach hotel, Saly Senegal  
**Dates:** 15th to 17th March, 2011

Consistent with AfHEA’s bilingual nature, the francophone west African country –Senegal played host to the 2nd scientific conference of the African Health Economics and Policy Association convened under the theme “Towards Universal Health Coverage in Africa”. The conference was successfully held from the 15th to 17th March, 2011 at Palm Beach hotel, Saly Senegal and had in attendance about 230 participants comprising technical experts, academics, researchers, health practitioners, programme managers and policy makers in the health sector, as well as, development partner organizations. The 3-day scientific conference received over 75 quality oral presentations and featured about 60 poster presentations. A policy brief summarizing key issues and actionable areas to be addressed if Africa is to achieve UHC was developed and disseminated through electronic and hard copy publications.

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### 3rd AfHEA Scientific Conference

**Location:** Safari Park Hotel, Nairobi, Kenya  
**Dates:** 11th -13th March 2014

The third AfHEA Conference held at Safari Park Hotel, Nairobi, Kenya March 11 -13, 2014. The conference theme was ‘The Post-2015 African health Agenda and UHC: Opportunities and Challenges’ A total number of 225 abstracts were submitted and 188 of them presented at the Conference (137 orally and 51 posters). AfHEA 51 posters). AfHEA contributed to the discussions on post-2015 African health agenda and particularly on universal health coverage. This was achieved through dissemination of AfHEA’s Position Statement on UHC and Post-2015 African Health Agenda, which was developed by AfHEA’s Technical Working Group immediately after the 2014 conference. A policy brief from the Position Statement was distributed during the high-level negotiations held in New York. In addition to distribution and dissemination of the Position Statement, AfHEA continued participating in the Sustainable Development Solutions Network.
4th AfHEA Scientific Conference

Sofitel Jardin des Roses in Rabat, Morocco  26th to 29th September 2016

The AfHEA conference train moved to North Africa for the 4th AfHEA Biennial Conference which took place at the Sofitel Jardin des Roses in Rabat, Morocco, from 26th to 29th September 2016. The conference theme was ‘Sustainable Development Goals (SDGs), the Grand Convergence and Health in Africa’. Three pre-conference workshops and one post-conference workshop were organized for participants. There were nearly 200 conference participants from 34 countries. More than 90 percent of the participants were from African institutions. Of all the participants, 56% were male and 44% were female.

The gender gap in conference participation has continued to decline over the years and this is attributed to AfHEA’s efforts of encouraging more female participation, for instance, by giving women from low-income countries with presentations priority in bursary awards. There were 6 plenary sessions which had high-level speakers drawn from Africa and beyond. Approximately 180 abstracts were presented during the conference parallel and poster sessions. An agreement was also signed between AfHEA and the Maghreb Regional Network of Health Economics and Health Systems (RESSMA), marking the beginning of a working relationship with the Maghreb region countries.

The 5th AfHEA Scientific Conference

Kempinski Hotel Gold Coast City in Accra Ghana  11 -14th March 2019

AfHEA’s fifth biennial scientific conference will take place from 11 -14th March 2019 at Kempinski Hotel Gold Coast City in Accra Ghana. The theme of the conference is Securing PHC for all: the foundation for making progress on UHC in Africa. This conference also marks AfHEA’s 10th anniversary and co-incidentally is coming back to Accra the very place it all started. The entire AfHEA family looks forward to this celebratory conference. There are currently 4 pre-conference workshops planned:

1- scientific and grant writing for African early career researchers in health systems and policy,

2- Implementing strategic purchasing to contribute to progress towards UHC in Africa

3 - Applied health economics in Africa: Using examples from immunisation and

4- Tracking progress towards Universal Health Coverage. Oral presentations will be done in a total of 40 parallel sessions. There will be seven plenary sessions including a panel discussion on Securing PHC For All: the Foundation for Making Progress on UHC in Africa, presentations on Ghana’s road to UHC: improving enrolment onto the NHIS to achieve universal health coverage, Strategic Purchasing for UHC in Africa, Making health systems work for UHC in Africa: An Actions Framework, and National Strategies for Achieving PHC for All, among others. The official opening ceremony will be performed by His Excellency Alhaji Dr Mahamudu Bawumia, Vice President of the Republic of Ghana.
UHC PROJECT

The AfHEA UHC project had the overall aim to build the capacities of African policy makers and young researchers for the development and implementation of health policies and programs towards Universal health coverage. To this end, UHC surveys were commissioned in 20 African countries spanning the eastern, southern and western sub regions including Cape verde. Respondents included; policy makers, policy analyst, researchers, Non-Governmental Organization (NGOs) and respective government stakeholders. It was funded by IDRC, RF and WHO.

RESEARCH ON HEALTH FINANCING ISSUES IN AFRICA

The Project was funded by Bill and Melinda Gates Foundation. The main components were:

i) Improving Primary Healthcare Performance;
ii) Health for Growth; and
iii) Strengthening AfHEA’s Research and Institutional Capacity.

Currently AfHEA has received a 5-year grant from the Bill and Melinda Gates Foundation for institutional support, which is aimed at supporting AfHEA’s office and staff as well as preparations for conferences, though not the conference costs themselves. This grant will also help strengthen the capacity of AfHEA to provide high quality technical support for Primary Health Care strengthening and strategic purchasing for UHC service in Africa.

AfHEA’S COLLABORATIONS/PARTNERSHIPS

From its foundational role in helping to bring AfHEA into being, WHO-AFRO has consistently collaborated with AfHEA through the years. In 2018, WHO-AFRO formalized this collaboration by signing a memorandum of understanding with AfHEA. The MOU covers collaboration and support towards the 5th conference as well as other activities including i) evidence generation and dissemination for UHC and the SDGs, ii) capacity building for UHC and the SDGs, and iii) joint advocacy for health. This is a major milestone because with this expression of confidence, WHO-AFRO, which was a key driving force in the setting up of AfHEA, helps give other partners confidence to follow their lead here.

Partnership with UHC2030

Providing support for, and capacity building towards, Universal Health Coverage (UHC) has been at the core of AfHEA’s activities since its launch in March 2009 and now AfHEA has moved this to another plane by joining up with other organizations as a full member of the International Health Partnership for UHC 2030 (UHC2030) in July 2018. All UHC2030 partners commit to work together with renewed urgency to accelerate progress towards UHC, through building and expanding equitable, resilient and sustainable health systems.
Celebrating our fallen Heroes

On the occasion of this 10th anniversary, we remember in a very special way our fallen heroes who had given their best to AfHEA and without whom the AfHEA story would not be complete. You are not here with us today but this 10th anniversary is all about celebrating your tireless contributions and unreserved efforts towards making AfHEA what it is today. AfHEA pledges to keep your memories alive by flying the flag even higher. May you continue to rest in peace.

APPRECIATION

AfHEA acknowledges and appreciates all her supporters who through funding, collaborations, partnership, advisory roles or other capacity not mentioned here have contributed to the successes and achievements which we celebrate today. We thank in a very special way the following- Bill and Melinda Gates Foundation, IDRC, Rockefeller Foundation, WHO, WAHO, World Bank, iDSI, UNFPA, KOFIH, SPARC; and our co-hosts for the 5th conference - Ghana Health Service, University of Ghana School of Public Health, Ghana Institute for Management and Public Administration (GIMPA, CHESPOR)

AfHEA’S OUTLOOK FOR THE NEXT 10 YEARS

The vision of AfHEA is for better and equitable health for Africans through better policies and efficient use of resources. Considerable progress has been made: for instance, 10 years ago, health economics and financing were just beginning to be understood as potential tools for helping to improve health outcomes through better policies and more efficient use of resources. User fee debates were still raging. Even the numbers of such experts were very low and those that were there were in isolation from each other and the experiences of other countries. AfHEA can proudly claim to have helped address the lacunae in those areas and helped clarify the policy questions and issues involved, we have contributed significantly to putting health economics and financing particularly on the agenda in Africa. Although health financing policies have improved from 10 years ago, our countries are still far from what they need to do to achieve the ‘Grand Convergence’. AfHEA in the next 10 years is dedicated to helping African countries move much further along the road towards the health-related goals of the SDGs, especially PHC for All and Universal Health Coverage.