
East Central and Southern Africa Health Community- Health Economics Community of Practice

Inaugural meeting, 6th February 2019, Lilongwe, Malawi.

1. Introduction

Making the best use of health care resources is a major concern for countries globally. It is arguably even more so in low- and middle-income countries (LMICs), where resources are more constrained and the gains from allocating them more efficiently are potentially greater. The field of health economics has developed a large suite of evidence-based methods for improving health resource allocation. This has motivated the East, Central and Southern Africa (ECSA) Health Community to create a Community of Practice (CoP) to support the use of health economics in aiding decision making in the region.

The CoP will provide an environment for health economists in the region within government, academia and other nongovernmental organisations to share knowledge and experience of the challenges of designing and implementing resource allocation policies. It will also provide opportunities for training, such as the course on health benefits package design provided by researchers from the *Thanzi la Onse (Health of All)* research programme (College of Medicine, Malawi, and University of York, UK) prior to the meeting on 4-5 February 2019. Representatives from all nine ECSA member states (Eswatini, Lesotho, Kenya, Mauritius, Malawi, Tanzania, Uganda, Zambia and Zimbabwe) were in attendance for both the training and the inaugural meeting CoP.

The inaugural meeting involved the formal launch of the CoP and was followed by a series of presentations from ECSA and academic partners. Participants were then asked to identify what their country hoped to get from the CoP and the priorities for health economics for their countries. This report briefly details the inaugural meeting, covering the presentations given and the set of health economic priorities for the region identified by the participants.

2. Overview of presentations

Three presentations were given by speakers:

- 1) Mr Edward Kataika (ECSA)- Overview and objectives of the ECSA Community of Practice in Health Economics
- 2) Prof Mark Sculpher (University of York)- Thanzi la Onse capability building
- 3) Dr Dominic Nkhoma (College of Medicine)- An introduction to the Health Economics and Policy Unit, College of Medicine, Malawi

Dr Edward Kataika- Overview and objectives of the ECSA Community of Practice in Health Economics

Mr Kataika briefly presented background information on the ECSA Health Community (HC), its history and structure. ECSA-HC is a regional governmental health organization, founded in 1974, which fosters and promotes regional cooperation in health among its nine member states. The organizational structure includes the ECSA Health Ministers Conference (its highest governing body which sets health policy priorities for the region), the Advisory Committee (composed of Permanent Secretaries of the Ministries of Health of Member States and functions as the Board of Management), the Directors' Joint Consultative Committee (highest technical committee which advises Health Ministers on policy), Programme Experts' Committees (membership draws on expertise from member states) and the ECSA Secretariat (which co-ordinates the implementation of policy decision of the Health Ministers). ECSA-HC aims to determine and inform policy issues at the regional level and support the achievement of commitments made by member states and to address regional challenges towards achieving global and continental goals (for example, the Sustainable Development Goals). Important current policy issues for ECSA-HC include strengthening the use of evidence in health policy, enhancing universal coverage and priority setting and health benefits packages.

Mr Kataika then discussed the launch of the ECSA Health Economics Community of Practice, including the rationale, its proposed membership, its functions and its modalities. The CoP aims to create a critical mass of experts in health economics in the region which is able to respond to member countries needs in addressing technical issues and providing evidence for decision maker. Further, it aims to provide a platform for the continuous learning and sharing of knowledge across members and member states. Membership of the CoP will be drawn from the Ministries of Health, Universities and cooperating partners from across the ECSA-HC member states with members being experienced professional with relevant advanced qualifications, who are conversant with key technical and policy issues and are in mid to senior level decision making or advisory roles in their countries. The CoP will play an advisory role to the Director's Joint consultative Committee and will perform the following functions: i) analyse development and trends of key policy and technical issues as they relate to the region and advise on implementation options; (ii) develop regional research agenda to generate evidence that will inform health policy; (iii) facilitate the implementation of the ECSA Health Ministers Conference resolutions at the country level; (iv) contribute to the setting of regional health priorities; (v) provide evidence on universal health coverage implementation; (vi) exchange knowledge and share information on best practices and innovations; and (vii) participate in capacity building initiatives. The CoP will meet at least once face to face each year and at least 4 times a year virtually, with additional meetings driven by demand.

Prof Mark Sculpher (University of York) - Thanzi la Onse capability building

Prof Sculpher discussed the capability building component of the Thanzi la Onse programme. The capability building strategy is focused around four key principles: (i) investment- including in recruitment, infrastructure and developing skills; (ii) coordination- linking researchers in East and Southern Africa with research and policy networks; (iii) focus- facilitating research that influences policy and has impact; and (iv) consolidation- ensuring the sustained position of research in East Africa within research and policy networks over the medium and long term. The Thanzi la Onse programme has helped to establish the Health Economics and Policy Unit at the College of Medicine and is involved in setting up a Health Economics Community of Practice in Malawi. It is also aiming to develop further links with other institutions in the region. The Thanzi la Onse programme will be involved in the delivery of courses, for example bespoke demand drive courses such as the one delivered at the Infectious Disease Institute in Kampala, Uganda in 2018 and the two day course on Health Benefit Package design given in the two days prior to this inaugural meeting. The Thanzi la Onse programme has also partnered with the Global Health Network to launch a webpage so that all

course materials developed as part of the programme will be available freely on line. The aim is to build an area for Health Economics course material which will allow for knowledge exchange and training for professionals both within Eastern and Southern Africa and globally.

Dr Dominic Nkhoma (College of Medicine)- An introduction to the Health Economics and Policy Unit, College of Medicine, Malawi

Dr Nkhoma presented on the establishment of the new Health Economics and Policy Unit (HEPU) based at the College of Medicine, Malawi. The Unit has been established with support from the Thanzi la Onse programme and the Ministry of Health's Department of Planning and Policy Development, with its first cohort of staff hired in August 2018 and with staff seconded from the Ministry of Health and the University of York. HEPU has four key objectives: (i) to increase the quality and quantity of health economics and policy research in Malawi and more widely in the region; (ii) to increase the capacity of decision makers and implements to appraise and use health economics and policy evidence in decision making in the Malawian health sector; (iii) to train and retain health economics and policy analysts for Malawi and the ECSA region; and (iv) to improve health policy, implementation and reform process in Malawi. The unit aims to become an international centre of excellence in health economics and policy research and training for developing countries. HEPU will focus on four themes for its research: (i) determinants of health and health care; (ii) health sector financing; (iii) evaluation of health care technologies, medicines, programmes and policies; and (iv) health policies and systems research. The Unit has also established a Health Policy Lab which will provide policy advice and evidence to support government through the Department of Planning in areas prioritized by partners. Further, a think tank committee comprising government, development partners and the College of Medicine will oversee the operations of the Health Policy Lab. Finally, HEPU will also be involved in capacity building activities including establishing a PhD training programme in health economics, policy and financing, establishing a regional Master of Science programme in Health Economics, supporting teaching of health economics to non economists at undergraduate and Masters levels within the College of Medicine, delivering short courses to relevant professionals and developing an exchange programme with Ministries of Health in the ECSA region.

3. Country-specific health economics priorities

The final session of the CoP meeting was dedicated to the current priorities of the member states. The participants for each country were asked to work together to identify three critical areas related to health economics and resource allocation which the ECSA CoP could help contribute to.¹ The next section details the issues identified, split into those related to capability and capacity building, those related to health benefits packages and any additional challenges.

Capability and capacity building

A challenge common to each of the member states was health economics capability and capacity building, although the key areas of focus varied across countries. For some the priority lay in strengthening expertise and specialization in health economics in academic institutions within their countries so that they could provide support and training to the Ministries of Health. It was suggested that this could be achieved by providing short courses to trained economists or MSc-level Health Economics courses to graduates. It was also noted that capacity can be built directly within health ministries through bespoke training.

¹ The representative from Mauritius was not present for this part of the meeting, leaving eight countries to contribute.

One country expressed ambitions to develop further research capacity, potentially through a dedicated research group similar to the Health Economics and Policy Unit at the College of Medicine, Malawi. One country raised the concern that much of the health economics capacity in the country is focused on clinical research and that evidence on resource allocation policy is relatively under resourced in comparison. It was also highlighted that capabilities could be improved at the level of the local decision maker, where important resource allocation decisions are often being made with limited expertise and that further health economics training for such individuals would be beneficial.

Health benefits packages

The development or updating of countries' respective health benefits package (HBP) was highlighted as a key priority by many of the countries, although the exact issues differed across countries. Several countries noted that their HBPs require updating and that further health economics support would be helpful in this process. One country is also looking to establish a HBP. Using evidence-based methods such as cost-effectiveness analysis to inform the selection of interventions to go into the package was considered very important, with countries highlighting the use of these methods as a priority for their Universal Health Coverage efforts. The long term sustainability of HBPs with regards to their financing and quality was also considered an important issue.

Additional challenges

Another priority raised was the development of geographic health resource allocation formula. Such formulae are often designed to allocate resources proportionately to healthcare needs and can be tailored to the composition of an HBP. It was noted that the experiences of Malawi in developing their formula, which were shared during the preceding training course, could be useful for other countries in the region. The general challenge of finding effective ways to improve resource allocation was also highlighted as a priority with three areas provided as examples: (i) ensuring that the set of interventions defined in a HBP are implemented in practice at hospitals and health centres (ii) refining payment mechanisms to hospitals to improve efficiency and (iii) organizational reform for human resources for health.

4. Conclusions

This report has detailed the inaugural meeting of the ECSA-HC Health Economics Community of Practice. The Community of Practice will provide a platform for health economics and will hope to provide evidence for better decision making across the region.