



East Central and Southern Africa Health Community
Health Economics Community of Practice
29- 30 January 2020
Balaclava, Mauritius

Summary Meeting Report

Background

Against a background of increasing demands on limited resources, health economics can inform decision making at all levels of health care and has growing influence. The East, Central and Southern Africa (ECSA) Health Community with continued support from the Thanzi La Onse Programme and the University of York have created a Community of Practice to support 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. On 30th and 31st January 2020, ECSA-HC Health Economics COP held its second meeting with the aim to continue this process of knowledge exchange. The objectives of this meeting were as follows:

1. To present the results of the scoping exercise to assess the health economics training needs of ECSA member states
2. To take a collaborative decision on the way forward for health economics training for policy makers and scholars in the region
3. To provide training on health financing options, mainly focused on provider payment/purchasing mechanisms for health service delivery

Opening Address by Director of General Health Services, Dr Sivalingum Ramen, Ministry of Health and Wellness, Mauritius, Dr Laurent Musango, WHO Representative for Mauritius and Director General for ECSA-HC Professor Yoswa Dambisya

During their opening address, both Dr Sivalingum Ramen and Dr Laurent Musango expressed their support to the ECSA-HC in creating a regional Community of Practice (CoP) in health economics to strengthen research, capability building and policy engagement and translation. They commended the Secretariat and Partners for providing 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.

Dr Ramen highlighted that making the best use of health care resources is a major concern for countries globally and arguably even more so in the African region where resources are more constrained and the gains from allocating them more efficiently are potentially greater. He added that a better understanding of topics and questions such as how demand and supply of health care interact to produce outcomes and affect spending, what influences health outcomes beyond health care, how budgeting and regulation mechanisms affect provider performance and how the whole system is performing on its goals of coverage and quality — all these are at the heart of driving more effective health policy to accelerate gains in health.

Director General for ECSA-HC Professor Yoswa Dambisya thanked the Mauritian Ministry of Health and Wellness for hosting the second workshop of the ECSA Health Economics Community of Practice and, highlighted the importance of the COP in empowering member states to work collaboratively to support each other in defining key priorities for health economics and resource allocation.

Introductory Remarks: Vision for the ECSA Community of Practice and Recap of the Training Needs Highlighted During the 2019 Meeting

Mr Kataika provided a brief overview of the vision 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 (DJCC) 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.

In addition to this, Mr Kataika provided a brief overview of the Inaugural Meeting of the Health Economics CoP held in Lilongwe, Malawi in February 2019. During this meeting, each of the member states were asked to identify three critical areas related to health economics and resource allocation which they felt required further support. These were then prioritised into several areas for which the ECSA CoP would contribute to: i) the strengthening of expertise with academic institutions and Ministries of Health working in collaboration; ii) further development of the research capacity through working groups such as the Health Economics and Policy Unit (HEPU); iii) capacity building activities to support local decision makers iv) support in the updating of countries' respective health benefits package (HBP) with the use of evidence-based methods v) support in the development of a resource allocation formula.

Opportunities for Supporting Health Economics Capacity in The ECSA Health Community: Results from Survey and Scoping Exercise

In order to support the capability building initiatives of the COP Takondwa Mwase has conducted a baseline assessment to determine the current status of health economics training provision within the ECSA-HC region. Mr Mwase provided an overview of his findings. The results of this assessment show that the majority of member states in the ECSA-Health Community offer some form of health economics training embedded in either undergraduate or postgraduate courses. However, member states felt that the current courses do not meet the expectation of many participants, with key areas such as cost effectiveness analysis, health planning and payment mechanisms not present in the curriculum. Furthermore, despite strong demand for health economics expertise among decision-makers and researchers, efforts to increase capacity is hindered a variety of factors including inadequate financial and technical capacity of training institutions, lack of coordination between researchers and policy-makers at the regional and national levels.

Based on the results of this study, Mwase provided some recommendations for discussion of the group. He sought further feedback from the group and noted that the findings of the study and recommendations made would be presented at the Minister's Meeting due to take place in February 2020.

Future Plans for Health Economics Training Under ECSA & Introduction to the Global Health Network (GHN) Platform

Paul Revill provided a summary of ongoing activities which aim to further support training initiatives more widely within the region. The objectives of the COP not only aim to strengthen capability in health economics across the region, but also to support the strengthening of skills development across research career pathways, through developing existing institutions and by building stronger working relationships between local research and policy-making communities.

The Thanzi la Onse programme has supported the establishment of the Health Economics and Policy Units in Malawi and Uganda. While both units will contribute to the strengthening an independent network of health economics researchers in Malawi and Uganda, they will be responsible for training and developing individuals through courses in health economics and related disciplines delivered through the HEPU and the College of Medicine, Malawi and Makerere University and the Ministry of Health, Uganda respectively. It is envisaged that both units will become regional hubs of health economics expertise. In addition to these activities the Thanzi La Onse Programme at the University of York have developed a knowledge sharing hub on the Global Health Network platform.

There was interest from MOH representatives in Tanzania, Zimbabwe and Zambia to support similar arrangements in those countries. Kenya has existing structures that seem to be working effectively to support research-to-policy interface.

Course on Health Financing and Purchasing

Lecture 1: Health Financing

The first training module introduced participants to key economics concepts under the revenue-raising and pooling functions of health financing. The presentation discussed the following- i) benefits and drawbacks of the six main sources of revenue for the health sector (tax, social health insurance, community-based health insurance, private health insurance, out-of-pocket payments, and external finance), ii) desirable characteristics of pooling mechanisms, iii) key global and ECSA-focused statistics on the size and composition of revenue sources as well as pooling mechanisms for the health sector. Following the presentation, Takondwa Mwase led participants engaged in a discussion on the sustainability and predictability of the current composition of revenue in their countries and the expected direction of evolution in the relative contribution of different sources.

Lecture 2: Delivery of Healthcare

The second training module aimed to provide participants with an overview of how resources are used at various levels of production of health care. The presentation discussed various ownership structures and how this affects this behaviour and the context in which they operate in i.e. market structures and constraints. Based upon these discussions, it would appear that the default funding of government facilities is capitation. Many countries have experience with some type of P4P scheme and arrangements with FBPs. There seems to be a lack of understanding of alternative payment arrangements and potential incentives associated with various mechanisms.

Lecture 3: Payment for Healthcare Providers

The final training module aimed to provide an understanding how and why buying different types of arrangements for buying healthcare can affect healthcare service delivery. The presentation discussed the following i) the motivation for the contracting approach and the importance of incentives; ii) the economics approach to contracting with healthcare providers iii) practical approaches currently used in practice such as fee-for service, fixed budgets, capitation etc. iv) risks and problems that can arise with incentive contracts and v) practical considerations that should be made in development of payment

design. Following the presentation, participants engaged in an open discussion led by Freddie Ssenooba on their own experiences with various payment mechanisms.

Future Planning for The ECSA Health Economics Community of Practice

The final session of the meeting provided the members states with an opportunity to discuss their contributions to the COP as well as planning of future meetings. A number of the countries expressed the interest for a longer workshop (up to three days) with greater opportunities to discuss their own policy priorities and implementation experiences. It was agreed that a quarterly call would be set-up to share experiences on emerging issues across the region. In order to promote continued learning, the group agreed that the use of the Global Health Network would be a good place to start and this would be reviewed to determine whether does in fact meet the needs of the countries.