



# ADVANCEMENT OF THE ECSA HEALTH ECONOMICS COMMUNITY OF PRACTICE

## THANZI LA ONSE RESEARCH REPORT

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# **Advancement of the ECSA Health Economics Community of Practice**

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# 1. Background

The East, Central and Southern African Health Community (ECSA HC) is a regional inter-governmental health organization that was established to foster and promote regional cooperation in health among member states. The Member states of the ECSA Health Community currently include Kenya, Lesotho, Malawi, Mauritius, Swaziland, United Republic of Tanzania, Uganda, Zambia and Zimbabwe. Since its establishment in 1974, ECSA Health Community has been working with countries and partners to raise the standard of health for the people of the region by promoting efficiency and effectiveness of health services through cooperation, collaboration, research, capacity building, policy development and advocacy.

The organization is governed in terms of its Convention through five main bodies namely;

- i. **The Health Ministers Conference (HMC)** is the highest governing body which sets health policy for the region and defines regional health priorities;
- ii. **The Advisory Committee** functions as the Management Board and provides administrative oversight to the organization.
- iii. **The Directors' Joint Consultative Committee (DJCC)** is the highest technical committee that advises the Conference of Health Ministers on health policy and technical matters. It is composed of senior officials from Ministries of Health and from Health Training and Research institutions of the member countries.
- iv. **Programme Experts' Committees** are technical committees that draw on expertise from member states programme managers and researchers, external advisors, professional associates and consultants from the region and beyond. Their input feeds into the Secretariat's technical programmes and the decisions of the DJCC and the Advisory Committee.
- v. **The Secretariat** is responsible for the implementation of the ECSA Health Community's programmes and reporting to the Health Ministers Conference, through the Advisory Committee.

In an effort to advance its mandate in the region, ECSA-HC continues to collaborate with several international organizations including regional economic communities. To date, formal partnerships (MOUs) have been established with the East African Community (EAC), West African Health Organization (WAHO), African Union CDC, University of York and the Kids Operating Room. Such arrangements would ensure that ECSA-HC continues to focus on the implementation of its comparative advantage whilst at the same time complement ongoing regional activities through cooperation, in order to avoid duplication.

There are also various initiatives in place with several organizations. For instance, over the years, ECSA-HC has collaborated with the African Union Commission (AUC) in a number of areas including implementation of Africa Regional Nutrition Strategy 2015 – 2025, strengthening of regional monitoring and evaluation, and joint participation in regional forums aimed at improving the delivery of healthcare services. Further, a draft MOU with the Southern African Development Community (SADC) is currently under review and some of the initial key areas of collaboration and engagement that were identified including; participation of SADC Secretariat in Communities of Practice of the Southern African Tuberculosis and Health Systems Strengthening (SATBHSS) Project, Sharing of periodic

updates on regional programmes and collaboration in regional Operational Research and health financing initiatives.

One of the key areas in which ECSA-HC works is capacity building of member states and partner institutions through training, training of trainers, team-based training, leadership training, curriculum review and development, learning and improvement. This is mainly implemented through the ECSA College of Health Sciences which is an umbrella College facilitating the functions of the autonomous constituent East Central and Southern Africa Professional Colleges. The College of Health Sciences has five constituent colleges which are East Central and Southern Africa College of Nurses (ECSACON), College of Surgeons of East Central and Southern Africa (COSECSA), College of Anaesthesiologists of East Central and Southern Africa (CANECSA), College of Pathologists of East, Central and Southern Africa (COPECSA) and the East, Central and Southern Africa College of Obstetricians and Gynecologist (ECSACOG). Other health professional bodies that are in the process of establishment include the College of Ophthalmology for East, Central and Southern Africa (COECSA) and the East, Central and Southern Africa College of Public Health (ECSA-COPH).

## **2. The Health Economics Community of Practice**

In conformity with the governance structure of the ECSA-HC, the Health Economics Community of Practice was established in 2019 as one of the organization's Programme Experts' Committees to promote the use of health economics in health policy processes within the region. Functioning like other Experts' Committees of ECSA-HC, the Community of Practice would advise and make inputs into the deliberations of the DJCC and HMC through the generation of research evidence, conducting analyses and providing health economics perspectives to various policy issues, for the consideration of the region's decision makers. The Community of Practice is therefore a mechanism to facilitate the engagement between researchers and policy makers, where research evidence would be translated into policy decisions but also evidence gaps, identified by researchers, guided on researchable policy questions.

The Community of Practice brings together senior level health economists from Ministries of Health, Universities and Research institutions from ECSA member countries and external technical experts, currently from the University of York, Centre for Health Economics, the World Bank and the World Health Organization. It is coordinated by the ECSA Secretariat. Members of the Community of Practice interact through annual in-person meetings and other virtual engagements in between the annual meetings.

Given that the COP addresses issues relating to health economics it will, in addition to its core mandate, facilitate the active involvement of Ministries of Finance in the regional technical and policy discussions. The ECSA Health Ministers have consistently recognized the need for improved collaboration between Ministries of Health and Finance as reflected in a number of previous resolutions. For instance, during the 46th HMC, it was recognized that Ministries of Finance and other sectors needed to collaborate with the Ministry of Health to resolve the health workforce crisis. As such, a resolution was passed urging member states to "invest and mobilize resources for the implementation of the human resources for health plans in collaboration with stakeholders including the Ministries of Finance and Planning, development partners and the private sector". In subsequent conferences, Ministers urged member states to strengthen resource mobilization by collaborating closely with Ministries of Finance.

ECSA-HC continues to explore ways to strengthen collaboration with Ministries of Finance in line with the Tunis Declaration, which include taking measures to enhance value for money, sustainability and accountability; designing effective investments in the health sector and improving efficiency in resource utilization.

Besides the policy engagement and translation of health economics knowledge into decisions, the COP provides an opportunity for capability building and continuous professional development of health economists in the region. This is done through the exchange of knowledge and experiences among the members, but also training sessions organized as part of annual meetings, and virtually through webinars as well as the sharing of various resources via the recently established Global Health Economics Hub.

### **3. Key successes of the Community of Practice and barriers to its advancement**

In pursuit of creating critical mass of experts in health economics in the region and providing a platform for continuous learning and sharing of knowledge, a Community of Practice was established in 2019 under the auspices of ECSA-HC. It was intended that the COP would provide an effective mechanism for responding to member country needs by the technical programmes.

Further, the COP was expected to play an advisory role to the DJCC through (amongst other actions), analysing developments and trends of key policy and technical issues as they relate to the region and advise on their implementation options; developing a regional research agenda to generate evidence that will inform health policy and practice in the technical field; facilitating the implementation of HMC resolutions at country level; exchanging knowledge and share information on best practices and/or innovations and participating in capacity building initiatives (online and classroom trainings).

#### **3.1 Key Successes**

##### ***a. Capacity building and facilitation of knowledge exchange***

The COP held its inaugural meeting in Lilongwe, Malawi on 6th February 2019. The meeting was attended by economists from the government and universities from all the ECSA member states, Centre for Health Economics at University of York and other collaborating partners. One of the key outputs of the meeting was the official launch of the COP after due consideration and adoption of the Terms of Reference.

The meeting was preceded by a two-day workshop, held on 4-5 February 2019 whereby participants benefited from a training course on a health benefits package that included practical exercises on case studies. The theme of the workshop was, "Designing and Adjusting Health Benefit Plans for Universal Health Coverage". The training was delivered mainly in three modules:

- i. Governance and Ethics of the health benefits plan
- ii. Methods for the development and adjustment of HBP
- iii. Equity in HBP policy

During the training, participants shared their experiences on HBPs and made recommendations for improvement based on the new knowledge they had gained from the course.

On 30 and 31 January 2020, the COP held its second workshop in Balaclava, Mauritius with the aim of continuing knowledge sharing and building capacity on understanding of health economics and financing. This meeting built on the success of the first workshop in Malawi. Participants came from all the ECSA-HC member states including collaborating partners and they benefited from the training on health financing options, with a main focus on provider payment/purchasing mechanisms for health service delivery.

The results of the scoping exercise to assess the health economics training needs of ECSA member states were also presented and well appreciated by participants.

### ***b. Online Access to Training Materials***

Another notable success was the establishment of the Global Health Economics Hub which grants open access to materials for all COP members. Basically, the Hub is an “open access community to support health economics research capability and its use within policy in low-income settings” (<https://globalhealtheconomics.tghn.org/about/>). Both the COP and the Hub share similar objectives of availing learning materials to expand knowledge of health economics amongst members. Training resources that have been made available on the Hub’s website include Healthcare Financing, Economic Evaluation Methods, Economic Theory and Equity amongst others.

In the quest to maintain interaction and exchange of ideas amongst the COP and other professionals around the globe, the Hub launched a Webinar series in collaboration with ECSA-HC and the University of York.

The first Webinar series was held in May 2020 on the topic; “Health Benefit Packages for UHC: How can research inform policy and practice”. The Webinar aimed to impart knowledge on the role of HBPs within the health resource allocation decision-making process. By end of 2020, a series of live Webinars had been held and focused on the following topics:

- Intersectoral Resource Allocation 20 Nov 2020
- Digital Health 27 Nov 2020
- Refugee Health 4 Dec 2020
- Health Technology Assessment 11 Dec 2020

Inasmuch as the webinars were open to participants around the globe, what made them unique was that they became part of the main key activities of the ECSA-HC COP with a number of COP members participating actively through making presentations and interventions (sharing of local experiences/case studies). As such, this initiative catalysed the process of fully establishing this unique regional mechanism.

### ***c. Collaboration in resource mobilization***

Members of the COP under the guidance of ECSA-HC Secretariat and the University of York, synergized their efforts to respond to several Calls for Proposals in the quest to mobilize resources to support implementation of the ideas that were first conceptualized in the initial meetings. Some of the Calls for Proposals that were responded to with the participation of some of countries who are part of the COP include; the GCRF Clusters call - the REfugees in Africa ClusTer (REACT) study and the Thanzi la Onse (Health of All) Africa (TLO-A): Capacity strengthening for research, and policy engagement, for health care resource allocation.

Other regional institutions including West African Health Organization (WAHO) were also brought into the process of responding to the Calls for Proposals and this would, in the medium to long term, ensure that the agenda on building capacity on health economics



extends beyond the region. The regional organizations would work collaboratively to support the institutionalization of the COP and ensuring that the pertinent issues are considered and adopted by policymakers towards establishing a robust mechanism for enhancing efforts towards strengthening the understanding and application of health economics principles in the region. Further, by co-leading the research project, relevant skills and knowledge would be built within these institutions and the COP, which would immensely contribute towards sustainability of the programmes and activities.

#### ***d. Evidence Generation***

Parallel to the initiatives implemented through the COP, there were efforts towards generation of evidence through the publication of papers in peer reviewed journals. The following are the papers published to date;

- Mangal T, Whittaker C, Nkhoma D, Ng'ambi W, Watson O, Walker P, Ghani A, Revill P, Colbourn T, Phillips A, Hallett T, Mfutso-Bengo J, 2020, The potential impact of intervention strategies on COVID-19 transmission in Malawi: A mathematical modelling study, The potential impact of intervention strategies on COVID-19 transmission in Malawi: A mathematical modelling study, Publisher: medRxiv
- Love-Koh, J, Griffin, S, Kataika, E, Revill, P, Sibandze, S & Walker, SM 2020, 'Methods to promote equity in health resource allocation in low- and middle-income countries: an overview', *Globalization and Health*, vol. 16, no. 1, 6. <https://doi.org/10.1186/s12992-019-0537-z>
- Love-Koh, J, Walker, SM, Kataika, E, Sibandze, S, Arnold, M, Ochalek, JM, Griffin, S, Revill, P & Sculpher, MJ 2019 'Economic Analysis for Health Benefits Package Design' CHE Research Paper, no. 165, Centre for Health Economics, University of York, York, UK. [https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP165\\_economic\\_analysis\\_HBP.pdf](https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP165_economic_analysis_HBP.pdf)
- Mwase, T. 2021 'Health financing policy reforms for universal health coverage in eastern, central and southern Africa (ECSA)-health community region'. CHE Research Paper 179, ECSA-HC and University of York.
- Jemutai, J, Muraya, K, Chi, PC, Mulupi, S. A situation analysis of access to refugee health services in Kenya: Gaps and recommendations - A literature review. CHE Research Paper 178, REACT and University of York.
- Mwase, T. 2020, 'A survey and scoping exercise to investigate health economics training in the ECSA Health Community: opportunities for supporting health economics capacity in the region'. ECSA-HC report.

It is anticipated that these publications would contribute to the knowledge base accessed by COP members and also be used to shape policy responses in ECSA-HC member countries.

#### ***e. Interaction with policymakers***

ECSA-HC continued to provide platforms for interaction with policymakers at the regional level. In fact, a presentation to policymakers on the design of health benefits package at the 2019 DJCC and HMC created a base for the launch of the COP and contributed to the building of momentum towards shaping the agenda on health economics in the region. The

presentation led to the adoption of a Ministerial Resolution on Priority Setting and Health Benefits Package Design (HMC67/R2), at the 67th ECSA-HC Ministers Meeting held in Zimbabwe in 2018. With the COP now fully established, the intention would be to continue presenting evidence at both the national and regional levels in order to inform policy and programme design

Since the formation of the COP, members have continued to network and also benefit from knowledge exchange and sharing. Most importantly, the forum has contributed to strengthening the link between policymakers (government) and Academia as well as research institutions.

### **3.2 Barriers**

Despite the notable successes to date, there are several barriers that hinder the COP functioning fully and efficiently. Key among these is the lack of means for sustaining the COP. Inasmuch as engagement has been initiated at regional level there are inadequate funds available to continue convening meetings/workshops which are a 'lifeblood' to the COP. Also, even though there is constant interaction at regional level, interaction at country level remains weak hence the establishment of HEPUs is the viable solution. We would like to build a critical mass of capacity centrally at ECSA-HC Secretariat and also at country-level in the member states. Financial sustainability also needs to be considered for all initiatives.

## **4. Establishment of Health Economics and Policy Units in ECSA Member States**

Through the support of the Thanzi la Onse Programme, a Health Economics and Policy Unit (HEPU) was established at the College of Medicine of the University of Malawi in 2018, with the aim of creating space where evidence is demanded or supplied to support evidence-based policy making in the Malawian health sector. The HEPU was meant to address the limited policy analysis capacity but also the uncoordinated, unharmonized and non aligned policy engagement, which was hitherto characteristic of the health sector.

The experience of the establishment and functioning of the HEPU was shared with other ECSA member countries at the inaugural meeting of the Health Economics COP in Lilongwe, Malawi. It became apparent during the discussions that ECSA member states generally face similar problems in terms of policy engagement and capacity for policy analysis. A report on the survey and scoping for health economics training undertaken in 2019<sup>1</sup> revealed that all countries in the ECSA-HC region offered health economics training with the exception of Lesotho and Mauritius. Notably, all the countries (Eswatini, Kenya, Malawi, Tanzania, Uganda, Zambia, Zimbabwe) besides Malawi, did not have specific health economics departments but mostly offered the courses either under the Department of Economics or Health Sciences Departments. The health economics course topics were also found not to be as elaborate as expected, which was noted as a significant gap.

Following the establishment of the HEPU in Malawi, the Thanzi la Onse programme provided further support for the establishment of a similar structure in the Uganda health sector. In December 2020 the Health Economics and Policy Programme between the Ministry of Health and Makerere University School of Public Health was opened in Uganda.

The experience shared by Malawi on the establishment of the HEPU (and the plans that had already begun in Uganda) attracted the interest of representatives of most member countries. During discussions of priority areas for future health economics support held at the inaugural meeting, establishment of a structure similar to the HEPU featured among the priority needs for the countries in the short to medium term. Furthermore, at the subsequent meeting of the COP held in Mauritius, heads of Planning Departments from Tanzania and Zimbabwe made a follow up with ECSA-HC officials and reaffirmed the need for support in the establishment of the HEPU structure in their countries. A report submitted by Makochekanwa A, Banda S and Zwizwai B in December 2020 further affirms the need and provides more thought to the establishment and operation of the structure in Zimbabwe. A similar report submitted by D.S. Shongwe in December 2020 affirms the need for the HEPU in Eswatini.

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<sup>1</sup> ECSA-HC & TLO (2019). A survey and scoping exercise to investigate health economics training in the ECSA health community: Opportunities for supporting health economics capacity in the region

## **5. Initiatives to reduce the gaps in research-to-policy interaction and the core health economics topics for additional support**

The COP reached consensus during the Mauritius workshop that expertise within Ministries of Health and academic institutions needs to be strengthened and there also needs to be development of research capacities through working groups. Further, local decision makers need to be capacitated through various activities and more training provided on the use of evidence-based methods.

One of the key issues noted during the scoping exercise was that most courses offered through local Universities were not relevant to the current situation. As such, some of the core health economics topics that would be relevant to meet local demand include Priority setting, Health benefit package, General health financing, Designing health financing policy, Efficiency, Purchasing, Health technology assessment and Intersectoral resource allocation and social determinants of health.

Various methods could be adopted to implement capacity building initiatives including; engaging academic institutions to strengthen their expertise in providing the relevant health economics courses, whether as part of short or long course programmes; designing tailored training courses that could be offered directly to the Ministries of Health.

## **6. Medium and Long-Term Aspirations for the Health Economics Community of Practice**

In view of the limited application of health economics to address health policy challenges in the region, the COP will be used as the vehicle that will promote health economics as a discipline and increase its use among health decision makers in the ECSA region. This will be done through peer interaction between the economists on the one hand and the engagement between the economists and health policymakers on the other.

In order to achieve this, there is a need to strengthen the capacity of health economists by enhancing their understanding of various health economics topics and their application to meet health policy needs in low and middle income country settings. Engagement with policy makers will increase decisionmakers' appreciation of health economics and its policy utility, but also assist the economists to identify researchable policy questions, for which evidence is required.

Among the challenges envisaged in attaining the goal of the COP is the high turnover of staff, particularly from the Ministries of Health. This calls for sustained training programmes over a number of years, to build a critical mass of health economists within and outside Ministries of Health. Both training programmes delivered as part of the face-to-face meetings of the Community of Practice and virtual ones, including through the Global Health Economics Hub, will contribute towards the capacity strengthening for health economics in the region.

In the medium term, financial support will be required for the convening of meetings of the Community of Practice and participation of the members in ECSA regional policy forums, as part of the engagement with policy makers.

Support would also be required towards the establishment of HEPUs in countries where such interest has been expressed. This would ensure long term sustainability of the various initiatives on capacity building and research. The financial sustainability of the ECSA HE COP will therefore also be ideally supported through contributions from member state Ministries of Health themselves.

There would also be need to support the expansion of the health economics network in West Africa following the renewed MOU between WAHO and ECSA-HC. The MOU seeks to establish an expanded collaboration framework between the two parties with a view to facilitating and strengthening their cooperation in the health sector. One of the distinct areas of cooperation is on facilitating joint projects on Research, Evidence, and Learning for health policy and advocacy action with specific focus on issues related to the Social Determinants of Health (SDH), including Health Economics and governance programs and policies across the region. As such funding would be required to operationalize the implementation of the provisions of the MOU that are relevant to the aspirations of the COP.

In recent years, there has been increasing interest by African leaders and health policymakers on issues relating to domestic financing of health, as a means towards sustaining the huge investments made through externally funded projects. Heads of State of the African Union, through the Africa Leadership Meeting: Investing in Health (ALM) held in

2019, made the commitment to increase domestic investment in health but also to establish regional health financing hubs in each of the five regions of the African Union, to operationalize the resolution on health financing. The mission of the Health Economics COP aligns with the aspirations of the Heads of State on health financing. It is an opportunity for the COP to participate and contribute its expertise and experience in the operationalization of the resolution on domestic financing. Technical and financial support to the COP will be necessary, as it participates in this initiative.

## **7. Conclusion**

The COP has remained on a steady growth trajectory since its establishment as envisaged by the several activities that have been achieved to date. The successes have been largely due to the excellent cooperation and collaboration between the lead institutions (ECSA-HC and University of York), strong linkages with external institutions and the resolute commitment of the members who continue to actively participate in the various initiatives that have been launched to date.

As the health economics network expands beyond the ECSA region, there would need to be increased support technically and financially so that countries' capacities are built in the right areas with a focus on long term sustainability.