

1. Introduction

Over the years, there has been increasing investments in the health sector across region – mostly by donor agencies and other funders and in spite of this, there still remains a widening health disparities mostly among vulnerable groups of the population unable to afford quality health care. For West Africa, the region that constitutes mostly low-income countries, there exists, to some degree, some domestic funding in addition to the largely external resources. These resources (financial, human) are still insufficient considering the fragility of these settings to promote universal coverage. The cost/financial analysis of how much will be required to adequately ensure that Universal Health Coverage (UHC) becomes a reality is placed at the estimated cost of \$40US per person annually in order to access the minimum core package of health services. .

Many countries have steadily made some progress toward UHC with the establishment of social health insurance schemes beginning with national health insurance schemes in some countries and a blend of community health insurance schemes using varied models that has seen the involvement of the private sector, active participation of community members and the strong linkages between economic livelihoods and health financing being central to the sustainability of such schemes. However, these slow progress have been negatively impacted by the COVID-19 pandemic which has put additional strain on the already weak health systems and the competing demands to address not only this pandemic but also to provide other very critical and essential health care services.

As countries continue to take action toward achieving UHC amidst the drawbacks of the COVID-19 pandemic, it is apparent that there exists additional financial strain on public funds make it increasingly challenging for governments to respond to the health needs of its populations as well as the increasing cost of quality health care services. However, the bedrock toward achieving sustainable UHC is the primary health system where the health and wellbeing of people is contextualized based on evidence of their expressed needs and preferences and provided within their communities. Strengthening the health systems – particularly the primary level health systems requires robust financing structures such that it mitigates exposure to financial hardship particularly among the poor who are often unable to afford the high cost of health services and are compelled to pay out of pocket. The rich or those within the higher wealth quantile, are also impacted by OOPs or high cost of health care often obtained from the private health sector. This highlights the importance of the pooling of funds from compulsory funding sources such as the domestic tax revenues, pooled contributions and subsequently, sustained increased allocation to the health sector by governments that is inclusive – taking into account a large informal sector. Pooled funding from contributions from domestic tax revenues, individuals (especially from the private sector and informal sector) as well as from organized private sector establishments and cooperation's help to spread the financial risks of illnesses across the population thereby ameliorating health outcomes and service coverage.

Other components that have been discussed over the years, are the dependence of improved health outcomes on the availability, accessibility, inclusivity and capacity of health professions to provide integrated, people centered health services – all of which clearly demonstrates how health underpins every sector and particularly, economic development and growth. In order to meet the SDG 3 and particularly the UHC 3.4 targets by 2030, a critical mass of over 18 million additional health workers are needed to close the gaps in the demand for and supply of health professionals in low and middle income countries (LMICs). Close collaboration/partnerships and synergy between private and public sectors and setting very clear roadmaps that outline what services are covered and how these services will be funded, (exploring tested funding models), managed and delivered (ensuring a fundamental shift in service delivery) in an integrated, multi-sector, multi-discipline, equity-focused and people centered way.

As countries redirect efforts toward post pandemic recovery, there is the need to urgently scale up critical/core public health services – prioritizing services that require collective action and without government funding, are at risk to large market failures such as evidence based policies and programs. It is against this back drop that the constitution of a Community of Practice (CoP) of Health Economists who share a common concern, a set of problems, or an interest in the West Africa region is being explored. The focus of the CoP is to facilitate inter and intra-regional knowledge, data and information management and sharing of best practices and learning to advance UHC – particularly around equitable financing for health across ECOWAS member states.

2. Methodology

This was a qualitative/descriptive survey. A preliminary mapping of human resources, initiatives and institutional that work in the area of health governance, economics, development and financing in West Africa was conducted. These included academic and research institutions such as universities offering courses (first degree, masters and/or doctorate in Health Economics or related field such as health development, health policy), development organizations (including Civil Society Organizations (CSO's)/NGOs), network, government and inter-government organizations/departments and agencies, the private sector and networks involved in supporting countries in the use of evidence for policy engagements and reforms/changes. The following are the cross section of stakeholders:

This mapping exercise was conducted alongside online searches of published data to obtain information that was categorized according to types of institutions, location, profile of humans resources, training programs (first degree, masters and/or doctorate in Health Economics or related field such as health development, Health policy).

An online platform was created to disseminate open ended questionnaires to a targeted sample of respondents identified during the mapping exercise. The respondents included health development and policy experts across the broad spectrum of stakeholders and actors. This group of persons were selected according to their profile and domains of expertise (e.g. Public/global health economics, health development, health systems strengthening, planning and policy related interventions). The questionnaire collected information on strengths, weakness and opportunities for the development of health economics capacities within the regions as well as their perspectives on the establishment of community of practice on health economics in West Africa such as types of participants, organization, types of activities to be implemented by this CoP, focus area, etc).

The survey also sought to identify best practices, gaps and lessons learned from similar communities of practice and/or networks from within and across other regions and member states while also focusing on functionality and sustainability.

3. Results

a. Regionals training initiatives in Health Financing and partners

Many training initiatives on health financing by partners and in collaboration with regional and national participants were reported by the respondents. These cut across French, Lusophone and Anglophone countries across the ECOWAS block. The training initiatives included the following:

- Cost-effectiveness, utility and benefit analysis; health financing and expenditure efficiency,
- monitoring and evaluation of health expenditure and financing;
- financing health insurance schemes
- Specialized courses on financing the health systems for Universal Health Coverage (UHC).
- Planning, budgeting and evaluation for health policy and financing and health systems strengthening for health policy, financing and strategy budgeting; an Actuarial science
- Risk pooling at community level, Grant and exemption mechanisms, Study and implementation of universal health coverage schemes
- Cost analysis, Medico-economic analysis.
- Project management, data analysis,
- Programme costing; budgetary or economic evaluation of projects and programs; Health financing; evaluation.
- Outcome-based financing for Universal health
- Health financing, social protection, Economic evaluation of projects and programs.
- Strategic, operational planning; Economic evaluation of health interventions; Costing Health accounts; Econometrics, cost-benefit analysis.
- Universal health coverage, health financing, impact evaluation of health interventions,
- Monitoring and evaluation. of health interventions
- Health financing and health expenditure efficiency.
- Analyzing health budget and expenditure.
- Health system strengthening/health policy/health financing/costing/strategy budgeting/software training

- Evaluation, planning, cost analysis, health policy and health financing
- Evaluation of projects and programs; Economic evaluation including costing of health interventions and analysis of procedures
- Planning and budgeting; Costing; Project evaluations (baseline, mid-term and final)
- The financing of compulsory schemes; Extension of health risk coverage to the informal sector
- Analysis of the costs of procedures
- Actuarial science
- Financing the health system; Universal Health Coverage
- Training in health insurance and financing

b. What are the existing regional initiatives? Training institutions/partnerships

While a few of the respondents stated they were only aware of training as part of the course work of Public Health resident doctors and few mentioned trainings outside the region, such as in Cape Town, South Africa, majority of the respondents highlighted the regional initiatives and training institutions identified were a cross section of academic institutions, civil society coalitions and organizations, multilateral agencies such as WHO, UN and networks. These institutions and partners presents an opportunity for collaboration on themed priorities that will be agreed on the establishment of the community of practice (CoP) for health economists and related disciplines. The following are some of the identified institutions, networks and platforms that were indicated as providing a bouquet of trainings and courses on health economics, policy and financing for health:

African Health Economics and Policy Association (AfHEA), a non-political and non-profit-making association inaugurated in March 2009 which brings together health experts across the continent and has some capacity building programs. The overall mission of AfHEA is to contribute to the promotion and strengthening of 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. There is currently in existence, a partnership agreement between AfHEA and WAHO, signed in 20xx. Through this partnership, decision makers and other health actors were trained.

The West African Network of Emerging Leaders (WANEL) in advancing the translation of health policy and systems evidence into practice established in 2015 as a network of young researchers and practitioners in health policy and systems as part of a project set up by the AfHEA with funding from IDRC (<https://www.africaevidencenetwork.org/en/learning-space/article/40/>)

Other existing platforms include **the West African Health Economics Network (WAHEN) and the Nigerian Health Economics Association (NiHEA)**

The Africa Regional Network , which is a group of Africa-based health policy and systems research (HPSR) networks, connecting for the purposes of learning what each is doing in the field, building synergies, increasing the profile of African HPSR, and seeking ways in which the region can shape and influence the wider Health Systems Global (HSG) society. (<https://healthsystemsglobal.org/regional-networks/africa/>).

Health Policy Research Group (HPRG) is focused on evaluating policies, implementing strategies and designing interventions for improving access to quality health services. It has a multi-disciplinary team of health economists, public health physicians, clinical pharmacologists, sociologists, pediatricians and gynecologists. HPRG has strengthened capacity of policy makers particularly on health policy and management and health economics. They have the highest concentration of trained health economists in Nigeria. (<https://www.unn.edu.ng/the-health-policy-research-group-hprg/>)

The African Advisory Committee for Research and Development (AACHRD), established in 1979 with a consultative mandate and as a multidisciplinary, multi-sectorial body responsible for providing advisory support to the WHO AFRO on research related to health policies and development strategies aimed at “*shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.*” (<https://www.afro.who.int/about-us/leadership/aachrd/about>)

Academic institutions: The School of health Economics at the Université Félix Houphouët Boigny, Abidjan, Côte d'Ivoire. Côte d'Ivoire also has a Circle of Health Economists which has projects in this area. There also exists the Programme d'Appui aux Stratégies de santé mutualistes (PASS) located in Abidjan, Côte d'Ivoire, which provides a Master's degree certification in Health Economics in partnership with French Universities and structured for participants within the French Speaking ECOWAS countries. University of Ghana is offering a graduate programme in Health Economics in the coming academic year.

The training school in health economics at the **African Center for Advanced Studies in Management (CESAG)** based in Dakar, Senegal. CESAG is an international public institution, specialized in training, research and consulting. However, recently, it seems that in recent years, this institution has struggled to provide such training. The target participants of decision-makers in the training the initiation of advocacy, policy and where necessary, legislative actions.

UNICEF'S Agora (online training/capacity development platform: [https://agora.unicef.org/local/catalogue/index.php?filters\[\]=1](https://agora.unicef.org/local/catalogue/index.php?filters[]=1))

What are the institutional considerations related to strengthening health policy and economics partnerships, capacity and priority strengthening?

The findings show that there exists an institutional attachment of the issue of health economics with leadership in this area contested between several ministries (health, social protection, economy and finance).

There is the need for a strong training center in the sub-region and use of experts currently in the sub-region and the need to mobilize same to mentor upcoming health economist and policy experts. The availability of technical/specialists in the field of health economics, policy and advocacy mostly domiciled within medical and public health departments appear to be slowly increasing in the wake of the promotion of multi-sectorial approaches and the focus on addressing the social determinants of health (SDH) which requires specific skills and competences of domiciled within the other ministries, academic institutions – particularly the faculty of social sciences/humanities. However, building more capacities for researchers in order to bridge the gap between policymakers and researchers by emphasizing the importance of evidence based health policy formulation is critical as is the need to harmonize regional and national priorities first within the francophone block of ECOWAS and then expanding to other member countries. While there are identified barriers across languages and cultural blocks, and the existence of several international institutions (WHO, World Bank, etc.) that running parallel but similar interventions, these can be leveraged upon through the Community of Practice as a collaborative platform to enhance knowledge, evidence, learning and experience sharing on the one hand while strengthening partnerships and regional capacities.

Furthermore and in the interest of fostering ownership and sustainability of the CoP, it was proposed that a partnership agreement that outlines the roles and responsibilities of participating members and countries as well as the goals and objectives of the COP be developed and signed off on. The respondents flagged the need to clarify who and how the CoP will be managed as well as where the secretariat be located and whether or not the assigned roles will be salaried or will be volunteers.

Additional concerns were around the need to strengthen multi sector and interdisciplinary policy partnerships beyond academic training for which to achieve this will require the collaboration between ministries of planning and development, economy and finance, environment and health as well as other parallel agencies and departments at national level. It also makes it easier to generalize successful experiences at the community level while navigating health development priorities which are often funded or supported by technical.

Where do you think are the key gaps/priorities to strengthen research-to-policy interactions

Strengthening research capacities for evidence generation, policy reviews and or formulation, advocacy and decision-making has been known to have significant benefits toward obtaining commitments and consensus on policy and program resolutions. Therefore, identifying the existing knowledge gaps of efficiency and use of evidence in health policy and for decision-making in addition to the weak capacity of policy makers, public office holders (including heads/senior officials of Ministries, Departments and agencies of the health sector as well as relevant sectors) has attracted a lot of focus in the last decade. The survey highlighted that while having strong individual and institutional capacities are crucial in enabling evidence based decisions, these remain weak in many developing countries for many

reasons, including lack of training programs for civil servants, de-prioritization and lack of or minimal investments in strengthening institutional structures and mechanisms for enabling and promoting the role of health economists and policy experts while fostering collaboration across the sub-region to drive demand for evidence in decision-making. This is even more important to prioritize considering the practical use of policy analysis, developing learning and knowledge products to facilitate health policymaking and health systems strengthening

How can institutional set-ups in countries such as Malawi and Uganda (i.e. the HEPUs; Think Tanks/Policy Labs <https://thanzi.org/the-extraordinary-hepu-think-tank-meeting/>) be applied or adapted to the context of West Africa?

Lessons from institutional set ups such as the HEPU and other think tanks can be leveraged upon to strengthen government use of evidence and research to develop health policies. In addition, these sets ups can serve as capacity building plates as well as facilitate peer learning exchanges. Collaborating with other think tanks such as the Brookings Institution and Chatham House and other health financing hubs such as the one set up by the Africa Union to implement the ALM Declaration can go a long way towards ensuring synergies, improving coordination and subsequently achieving sustainable UHC outcomes. The proposal of a WAHECoP, in the West Africa region, using lessons learned from the countries and drawing from experiences and successes from national, sub-regional and regional initiatives as outlined above, is more likely to succeed with increased government and community participation alongside Civil Society and non-governmental organizations and a regulated private sector involvement. Having an understanding of how these institutions are set up, their mode of operation, sociocultural and political context and thematic focus will contribute to shaping the structure of the WA HECoP as an intergovernmental framework for exchange between health economists in order to consolidate a good network of technical support to countries and serve as a showcase for all priority actions to be carried out.

How may these institutional arrangements be governed and what resources (financial and human) are required?

It was recommended that an assessment of roles and expected outcomes from the WAHECoP is required in order to clearly define the governance and institutional arrangements. However, some of the respondents stated that the arrangement can be a collaborative arrangement between the various stakeholders which include and not limited to the academia, the private sector, CSOs, NGOs and governments bearing in mind the importance of government ownership and financing for sustainability on the one hand and on the other, there should be a level of autonomy, devoid of government interference and therefore WAHO and ECOWAS should establish the governance structures and provide the human and financial support. The survey results identified a list of experts - resident scholars/PhD students; qualified volunteers, permanent experts and academics while considering how intellectual products and independence will be guaranteed. To strengthen this position, one of the respondents stated that a decree issued by the Council of Ministers may determine the organization, responsibilities and functioning of the WAHECoP and its financing can be based on voluntary contributions or arising from its partners and activities. An office will be set up to organize the activities of the regional community of practice in health economics. These activities may be funded by international partnerships, research institutions, etc. Additional resources may also be mobilized through advocacy with sub-regional organizations such as lobbying the heads of states of the ECOWAS region for sustainability and durability of funding which human resources can be attached to through WAHO recruitment processes.

As an alternative, it was proposed that WAHO/ECOWAS leverage on the West African Health Economics Network rather than creating a parallel or new initiative and lead on resource mobilization and deployment of existing internal skills for efficient implementation of public health policy within the region. In addition, it was proposed that WAHO through the WAHECoP, advocates for the establishment of a legal framework at the country level including technical support from partners to allow for the sharing of experiences and the transfer of skills.

What are likely to be your medium and long term aspirations for the WAHECoP

Medium term aspirations for the WAHECoP to

- create the right incentives for decision-makers to use evidence for decision-making

- and set up health economics and policy units in Ministries of Health
- partner with key stakeholders to build or strengthen capacities through training, cross/peer learning and knowledge sharing, mentoring and coaching.
- learn, share ideas and contribute to ensuring that key lessons sustainable practices are institutionalized
- identify key partners and a team of experts to develop the policy, strategic plan to support countries capacity building efforts
- conduct multi-sectoral/interdisciplinary dialogue between Ministries (especially of health, Sanitation, Water resources, gender and finance)
- identify distinct niches within the HE and Policy space amidst the variety of similar platforms and mechanisms;
- review the long standing COPs history of failures in Africa and learn lessons
- Fostering collaboration between technical experts across countries
- Improve access and availability of quality data and evidence and make evidence-based recommendations to inform policy and decision making;
- Increase funding for research. This may include economic evaluations around the programs implemented and especially in the face of the COVID-19 pandemic.
- Create an online library for continuing education (journals, books, articles, publications, etc.)
- Organize webinars on prioritized themes for the health and well-being of our populations
- Produce communication and knowledge management products such as periodic newsletters for information on activities conducted or planned.

In the long-term, the WAHECoP aims to

- Increase the number of qualified health economists and health policy experts supporting governments in evidence based policy formulation, execution and analysis in the sub-region
- Create a shift to health economic thinking by health practitioners
- Establish a strong regional network/platform aimed at improving health governance
- Support the development/adaption of a curriculum for health economics education
- Provide a platform for policy makers and partners to work on mutual agreed projects and assessments.
- institutionalize the role of health economists as key players in the development of public health policy
- Develop a sustainable health financing strategy as a road map for the execution of community health activities in order to improve access to health services for populations while reducing the financial barrier to the maximum and ensuring at the same time a better care.
- contribute to national and regional health expenditure efficiency

What are the benefits you envisage of establishing a Community of Practice of Health Economists and related disciplines?

- Collaboration and coordination will be strengthened and duplication of efforts will be minimized.
- Stronger health systems (healthcare and health) in the sub-region via rigorous policy analyses and research.
- Knowledge improved knowledge management, promote south to south learning and sharing of best practices and ideas across the region
- The impact of the contributions of Health Economics in driving decision making will be evident
- Highlight the need of Health Economists in the region.
- Create the space for structured policy reviews and recommendations to government.

What are the challenges you envisage of establishing a Community of Practice of Health Economists and related disciplines?

Some of the challenges experienced in establishing a Community of Practice generally, include but are not limited to the following:

- Limited persons with practical experience and skills to facilitate sessions

- Limited knowledge and understanding of the role of the health economist or related disciplines within the health sector and by decision makers/governments.
- Insufficient consideration of health economics in development projects and programs
- Lack of coordination, sub-regional initiatives
- Insufficient human and financial resources. As a priority, a sub-regional framework is needed
- There exists a disconnect between the research, evidence and learning (REL) and policy and/or programs formulation. This is much more so as policy and program recommendations from research are not considered by the governments – particularly the Ministries of Health and other relevant ministers. This is much more evident in the Francophone zone.
- Insufficient funding of research and lack of formal framework to promote research results
- Establishment of communication mechanisms; Conduct of research-policy studies and setting up follow-up mechanisms for the implementation of the study recommendations;
- Lack of leadership by researchers and decision-makers
- Making government see the need for and consider the HE CoP as a “think tank” for shaping and future proofing health programs, informing health policy reforms and/or policy directions.
- Buy in from and political commitment of member states, financing for the project, the right structures to ensure that this is sustainable and making sure that this is not just another institution that is domiciled in the sub-region but filled with experts from outside of the sub-region, which will defeat the purpose for establishing it;
- The management of interests (personal visibility or personal promotion) or of a group.
- Ensuring integration of related disciplines (experts in social and behavioral sciences) within the HE CoP.

What technical areas of expertise, existing partnerships -key capacity gaps can be leveraged on to support the establishment of National Health Economics and Policy Units and a regional Health Economics Community of Practice among ECOWAS member states?"

- Health economics as it applies to health systems strengthening;
- Strategic Health Purchasing, Domestic Resource Mobilization
- Identifying institutions or organizations with an existing structure and plans.
- Existing communities/networks of health economists and related disciplines such as African Health Economics and Policy Association (AfHEA), Nigerian Health Economics Association (NiHEA) and other national association, WAHEN and Universities that offer post graduate training in Health Economics.
- Nigeria’s NHIS knowledge management data
- Impact evaluation methodologies, resource optimization-allocation,
- The need for more health economists in the region is a gap that can be considered
- The low culture of evidence based decisions are all issues that should be important to call for such an initiative; Existing expertise and partnerships in the disciplines of medicine/pharmacy and economics. Health economics should not proceed without dual support from both disciplines. Training institutions such as the African Centre for Higher Studies in Management (ACHSM) which trains very brilliant and good health economists and is an indication of ECOWAS commitment can be developed as one of the steps toward strengthening the network of health economists while enabling member states to recognize this discipline as a pillar in the management of the health system.
- the functionality of the existing national level Health Economist CoP such as the one domiciled in the Ministry of Health of Senegal
- The socio-economic health consequences of the COVID-19 pandemic in the countries of the region.
- Equitable representation of member states

What key considerations should be taken into account when establishing a regional CoP?

- Get commitment, strong support and collaboration from all critical stakeholders like Government (FMOH, NHIS, NPHCDA, NCDC), UN, UNICEF, WHO, USAID, CHAI, etc; this will further strengthen coordination and ensure results, outcomes from the CoP are used;

- Clearly define the mission of the community of Practice, identify sources of funding, and put in place the right structures for sustainability, cooperation and most importantly the drive to use evidence for decision-making at the country level.
- Promote systems thinking, knowledge translation, continuous learning and gender consideration
- Develop a terms of reference (ToR) to ensure cohesion: The ToR should outline the background, justification, goal, objectives and principles of the CoP. This will include the guiding principles of accountability, transparency, knowledge and experience sharing;
Coordination of Members of the COPs, set up leadership and governance of the CoP and sustaining interest and funding; inter-country and inter-language;
- the leadership should be driven by experienced health economists that are well networked regionally and internationally
- Availability of human resource and tools to work with.
- Foster regional integration where the socio-cultural and political contexts contribute to shaping the themes of focus. This will include the language differences and ensuring equitable representation and inclusion. Consider conducting a preliminary study of the environment to bring out the needs and potentialities.

4. Conclusion

Based on the findings from the survey, the need to establish a West African Health Economics Community of Practice is acknowledged. However, while this is identified as a relevant platform to promote the increase in health investments, health policy implementation, reforms and/or reviews by member states, it is evident that the sociopolitical, cultural and economic contexts of member states must be considered. Furthermore and in the interest of sustainability, a resourcing plan, stakeholder buy-in and political commitment from across member states is imperative. The WAHECoP will facilitate the evidence generation and knowledge sharing that will aid informed decision making and advocacy around increased allocation of resources among the many health sector priorities and positively impacting health and human capital development.