

CHAPTER: 14

A STUDY TO REVIEW THE EXISTING HEALTH FINANCING SYSTEMS OF FOUR SUB-SAHARAN AFRICAN COUNTRIES AND MEASURING THEIR PROGRESS TOWARDS ACHIEVING UNIVERSAL HEALTH COVERAGE

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INTRODUCTION

The concept and goal of universal health coverage (UHC) were first used in policy conversations and decisions with the release of the World Health Report in 2010. UHC is defined by the World Health Organization as a situation in which everyone in need of healthcare services may access them without experiencing financial hardship. The supply of high-quality healthcare services and the accessibility of financial risk protection for all people are the two main points of emphasis in this concept [1]. African countries are considering, or have already adopted, policy measures aimed at achieving Universal Health Coverage (UHC) to guarantee healthcare accessibility for everyone. A few African regions have experienced significant economic growth and a decline in poverty in recent times. Research conducted by the African Development Bank indicates that between 2001 and 2014, real gross domestic product (GDP) increased by 5%, which is a significant improvement from the two percent growth that occurred in the 1980s and 1990s [2].

Several African countries have started to enact health policy changes to mitigate financial risk and provide insurance against uncontrollably high medical costs. These projects include the integration of various programs into unified schemes like National Health Insurance Schemes (NHIs) and the consolidation of resources, including prepaid income from government financing or other programs like development assistance for health (DAH). The National Health Insurance Scheme and Community Based Health and Planning Services (CHPS) of Zambia [4], as well as the National Health Insurance Scheme of Ghana [3], are a few examples of similar initiatives. Zambia was a British colony until it was freed on October 24, 1964; it is renowned for its political stability. Kenneth Kaunda governed Zambia under a single-party socialist government for three decades after independence, instituting central planning and nationalizing important industries, especially the copper industry. A multi-party system was introduced in 1991 because of a constitutional amendment made in response to public demand [5].

RESEARCH METHODOLOGY

A thorough investigation was undertaken, examining multiple countries, and conducting a comparative analysis to understand and compare the distinctive profiles of each nation. This scrutiny covered various dimensions, including demographics, geography, economics, politics, healthcare reforms, policy initiatives, and an in-depth assessment of the health system, including health financing and insurance coverage. Following this, a gap analysis was performed, considering the factors mentioned earlier, which brought attention to the discrepancies in the existing systems of each country and provided recommendations for future enhancements.

RESULTS & DISCUSSION

The primary findings indicated a direct correlation between health expenditure and improvements in health indicators. Sub-Saharan High rates of infectious diseases including HIV, TB, and malaria have plagued African countries. But when the environment changes due to legislative changes, more donor financing for illness management, and an increase in insurance coverage, there may be progress made toward attaining universal health coverage (UHC). While the implementation of mass insurance schemes in countries like Ghana and Zambia has yielded promising results, a considerable portion of the population remains without coverage, presenting a persistent challenge. Moreover, nations heavily dependent on donor funding faced setbacks when contributions to health expenditure suddenly decreased. These countries' health systems reveal an uneven distribution of infrastructure and human resources, primarily concentrated in urban areas where only 30% of the population resides. These findings highlight the need for a comprehensive system addressing financial protection and addressing inequities within both the health system and the population.

DISCUSSIONS

To fulfill set goals, achieving universal health coverage is a continuous process that requires consistent, long-term commitments. In

my study, I looked at how priorities are set and the dynamics of health system changes. Both internal and external factors—mostly related to trade and how international agencies shape health sector reforms—have an impact on these reforms. Internal factors include political will, presidents' and prime ministers' visions, disease outbreaks, the nation's growth rate, and geographic location. Notably, with the help of international organizations as UNAID, UNICEF, WHO, and PEPFAR, among others, African nations have achieved notable strides toward combating the AIDS pandemic, lowering rates of maternal death, and improving child health indicators.

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