HEALTHCARE AND ECONOMIC GROWTH IN AFRICA REPORT - 2ND EDITION

CONCEPT NOTE

ABCHealth

United Nations
Economic Commission for Africa

ideas for a prosperous Africa

United Nations
Economic Commission for Africa

ABCHealth

PREPARATION OF THE SECOND REPORT ON HEALTHCARE AND ECONOMIC GROWTH IN AFRICA

CONCEPT NOTE

1. INTRODUCTION

The United Nations Economic Commission for Africa (ECA) produced the first report on 'Healthcare and Economic Growth in Africa' (HEGA I) with Aliko Dangote Foundation and GBCHealth. The report was launched at the Africa Business:Health Forum in February 2019.

The Report and the Forum were hugely successful in creating informed awareness on the financing challenges facing the health sector in Africa, the need for a greater and a better regulated private sector engagement in the health space, highlighting the role of public-private partnerships (PPPs) in health.

Since then, many of the key findings of the Report have been used for advocacy purposes and have also led to many positive spin-offs such as the AfCFTA-led Pharma initiative and a number of knowledge products.

The 2019 Forum provided a platform for the official launch of ABCHealth, and helped strengthen regional partnership between the African private and public sectors to foster and identify areas of closer collaboration between the private sector and national governments, represented at the Forum by Heads of Governments, senior Ministers and policymakers.

This Concept Note is meant to guide the preparation of the second report on healthcare and economic growth in Africa (HEGA II) to be jointly produced by ABCHealth and ECA.

2. BACKGROUND AND CONTEXT

Key conclusions of HEGA I report

As highlighted in the first report, Africa has made substantial, if uneven, progress on health outcomes. However, Africa's weak health infrastructure is matched by low public spending on healthcare as the continent is undergoing demographic, urban and epidemiological transitions. In this context, inequalities arising from income, location and gender impose barriers to access to health services and contribute to increased morbidity and mortality. Affordability of healthcare especially by the bottom quintiles is a serious issue and out-of-pocket expenditure on health remains the single largest source of vulnerability to poverty.

Health financing is a key policy issue in most African countries. Government expenditure on health in all but two countries is less than 5 per cent of GDP considered necessary for ensuring adequate health coverage for at least 90 per cent of the population.

The report estimated that Africa's health sector has a current financing gap of at least $66 billion per annum and concluded that governments need to mobilise additional domestic resources and identify innovative financing mechanisms to increase public expenditures on healthcare. In view of the huge financing gap and the changing disease profiles across countries, African governments alone are unlikely to meet all health costs.

With limited financial and operational capacity in the public sector, and unpredictable donor funding, the private sector is spread across all elements along the health value chain, including provision, financing, manufacturing, distribution, and retail. There is clear evidence that the private sector can contribute significantly to improved health outcomes and

the report analysed the role of public-private partnerships in the health space in Africa.

This summarises the situation in Africa's healthcare sector before the onset of the COVID-19 pandemic on the continent in early-2020.

Impact of COVID-19

COVID-19 is a crisis like no other with an unprecedented global spread. Since the first reported case in Egypt in February 2020, Africa has recorded more than 4.5 million confirmed cases with more than 120,000 deaths by end-April 2021[1]. The relatively low number of infections officially reported may be misleading because testing capacity is limited and the region may still be in the early stages of the pandemic.

The wide extent of the spread of the disease on the continent has caused a sharp and sudden fall in economic activity as countries have responded to protect their people through measures such as lockdowns and other partial solutions.

ECA estimates Africa's economic growth to contract between 1.7-5.4 per cent in 2020 leading to job losses and decline in mean consumption levels, pushing an estimated 100 million people into extreme poverty and effectively wiping out the last decade's progress on poverty reduction. The poverty numbers will continue to be revised depending on the intensity and duration of COVID-19 and as more information becomes available.

In essence, the health and economic crisis arising from COVID-19 has done three things in Africa.

One, it has ***accelerated trends already underway***. Africa's overall GDP growth had already slowed down to 3.2 per cent in 2019; oil and non-oil commodity prices were already declining; and unlike elsewhere, Africa's absolute poverty numbers were increasing since 1990.

Two, it has ***exposed existing vulnerabilities in the system that risks amplifying the effects of the crisis***. For instance, the low public spending on healthcare increases out-of-pocket expenditure on health, limiting the access of public healthcare particularly to the large proportion of 'involuntary' informal workers who are mostly without any social protection. This group is most likely to slip into poverty with the economic downturn caused by COVID-19. In addition, the already significant gender inequalities are likely to be further exacerbated because of the pandemic.

Three, it has ***emphasized the need for building resilience of the health infrastructure against future shocks***. This requires significant increase in public expenditure on health, something that has been needed to be done for a long time. In addition, there is a need to

(i) strengthen health infrastructure including laboratory and diagnostics, pharmaceuticals, medical products, research capacity, digital health innovations, and increasing the proportion of skilled health professionals that is among the lowest in the world – a strong health infrastructure can also be used to deliver the COVID-19 vaccine when available
(ii) put in place a robust and scalable social health insurance mechanism to increase coverage and access to affordable healthcare, and reduce inequities,
(iii) increase the use of digital technology and telemedicine for enhancing access to healthcare,
(iv) increase access to affordable and quality medicines through, for example, the Africa Medical Supplies Platform (AMSP), and
(v) set up/strengthen suitable governance structures such as the

[1] WHO estimates.

Africa Medicines Agency (AMA) for better regulation and management of quality and counterfeit drugs that makes their way into African countries.

COVID-19 has highlighted that business-as-usual will not do. There is an urgent need to respond to challenges of healthcare differently in Africa.

3. OBJECTIVES AND SCOPE OF HEGA 2

As countries open up and rebuild their shattered economies, there is an opportunity to put in place systems and introduce innovations. The need for such innovations had been recognised for some time but as often, insufficient political and/or financial commitment pushed them down the priority list.

Through a comprehensive review and robust analysis of evidence, HEGA 2 aims to forge a new direction by leveraging innovation and extending the discourse on building resilient national health systems in a post-COVID-19 era in Africa. In particular, HEGA 2 will

(i) analyse the impact of COVID-19 on reversal of progress on the various health-related targets of the SDGs and the aspirations of Agenda 2063;

(ii) assess the range of options for building a resilient health infrastructure in Africa;

(iii) identify opportunities for each of the key stakeholders[2] – governments, international donors, and the private sector in strengthening national healthcare systems in Africa; and

(iv) review how technology can be leveraged for extending coverage and improving health outcomes.

An important element of HEGA 2 is to monitor progress on the proposed way forward. For this, it will develop a ***'Doing Health Index'*** to monitor and evaluate progress in achieving the desired health outcomes on the continent in a post-COVID-19 era.

4. TENTATIVE TITLE

HEGA 2 will be used as a short acronym of the publication. The proposed title of HEGA 2 is:

DOING HEALTH DIFFERENTLY IN AFRICA: NOW AND BEYOND COVID-19

5. TARGET AUDIENCE FOR HEGA 2

The target audience for HEGA 2 would be policy makers, policy influencers, and private sector leaders. In practice, public policy makers and private sector leaders have just a handful of levers with major impacts on a large scale. The report is more likely to be useful if, after rigorous analysis and discussion, the recommendations are filtered by their potential in terms of impact, scale, and feasibility through the specified levers.

7. STRUCTURE OF HEGA 2 REPORT

[2] Apart from national governments, a number of stakeholders engage with the health sector in different ways and at different stages in the health value chain – concerned citizens, civil society advocacy groups, multi- and bilateral donors, development agencies, the private sector including prospective investors, the media, think tanks and research and academic institutions.

The annotated outline of the report is currently being finalised and will be shared subsequently.

8. WORK PLAN AND TIMELINES

The work plan with the timelines is summarised in the table below.

	Activity	Q2 2021						Q3 2021						Q4 2021					
		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
1	Technical committee meeting on the annotated outline	●																	
2	Preparation work for the writing of the report																		
2a	• Finalisation of the list of background papers/notes																		
2b	• Organise the core team and paper writers																		
2c	• Develop Terms of Reference for consultants																		
2d	• Recruit consultants																		
3	Preparation of background papers and development of Index																		
4	Preparation of draft report																		
5	Review of draft report by group of external peer reviewers																		
6	Preparation of infographics, slides, etc. for UNGA event																		
7	Curtain raiser event at UNGA												●						
8	Preparation of final version of the report based on comments																		
9	Data visualisation/infographics finalised																		
10	Editing, translation, layout and printing																		
11	Production of communication products																		
12	Report ready for launch at a suitable date																		

9. INSTITUTIONAL ARRANGEMENTS

The institutional arrangement for the preparation of the HEGA II report will consist of the following key components.

A. JOINT STEERING COMMITTEE (JSC)

The preparation of the report will take place under the overall guidance of a Joint Steering Committee.

Objective: The JSC will be responsible for the implementation of the various elements of the Programme Cooperation Agreement between UNECA and ABCHealth by providing overall guidance to the process and steering the project towards its timely completion.

Membership: The JSC consists of the following members:

UNECA

(i) Thokozile Ruzvidzo, Director, GPSPD (**co-chair**)

(ii) Inderpal Dhiman, Office of the Executive Secretary

ABCHealth

(iii) Mories Atoki, Chief Executive Officer (**co-chair**)

(iv) Adekunle Dalton-Oke, Business Development Lead

Meetings: The JSC will meet in the first week of every month, or as often as necessary to review progress, identify bottlenecks and recommend suitable actions to keep progress on track.

Participation in meetings: The JSC may invite any person relevant to the project to the meeting.

B. HEGA II TECHNICAL COMMITTEE

The JSC will be supported by a HEGA II Technical Committee.

Objective: The Technical Committee will be responsible for providing technical guidance to the Report Preparation Team (see below) by reviewing and providing comments at different

stages of report preparation: (i) annotated outline, (ii) draft report, and (iii) final report for quality assurance and fine-tune the messages.

Membership: The Technical Committee will consist of six (6) experts from within the UN agencies and other partners and key stakeholders:

UNECA

(i) Stephen Karingi, Director, Regional Integration and Trade Division

ABCHealth

(ii) Mories Atoki, CEO, ABCHealth

Private sector

(iii) Olusoji Adeyi, President, Resilient Health Systems LLC, Washington, DC. USA and Strategic Technical Advisor to the HEGA II Technical Committee

GBCHealth

(iv) Lesley-Anne Long, President and CEO, GBCHealth, Washington, DC. USA

World Health Organisation (WHO), Regional Office for Africa (AFRO)

(v) To be decided

Academia/think-tank

(vi) Dr. Margaret Gyapong, Director of the Institute of Health Research, Ghana (to be confirmed)

ABCHealth

(vii) Adekunle Dalton-Oke, Business Development Lead, ABCHealth

Ex-officio members

- The co-chairs of the JSC will also be *ex-officio* members of the Technical Committee for better coordination and quick decision-making when required. The co-chairs may invite any member of the JSC to represent, or accompany, them at the meetings of the Technical Committee.
- The lead of the report preparation team (see below) will also be an *ex-officio* member of the Technical Committee.

C. REPORT PREPARATION TEAM (RPT)

The HEGA II report will be prepared by a **Report Preparation Team (RPT)** consisting of the Strategic Technical Advisor, a core team from UNECA supported by a team of four (4) short-term consultants and research assistants.

Membership: The members of the RPT are as follows:

UNECA team

(i) Saurabh Sinha (lead)
(ii) Adrian Gauci
(iii) Jane Karonga

Strategic Technical Advisor

(i) Olusoji Adeyi

Short-term consultants

(i) Chris Atim (Ghana), Sr. Prog. Director, Results for Development Institute, Washington, DC
(ii) Paul Richard Booth (South Africa), Independent consultant
(i) Bornwell Sikateyo (Zambia), Lecturer, University of Zambia School of Medicine
(ii) Prashant Yadav (USA), Senior Fellow, Center for Global Development, Washington, DC

Research assistants

(i) Melat Getachew (Ethiopia)
(ii) Others to be recruited as required.

The UNECA team will be responsible for

- preparing the annotated outline of the report that will guide the preparation of the Terms of Reference for hiring the short-term consultants;
- manage the outputs of the consultants to ensure that they adhere to the overall focus and direction of the report;

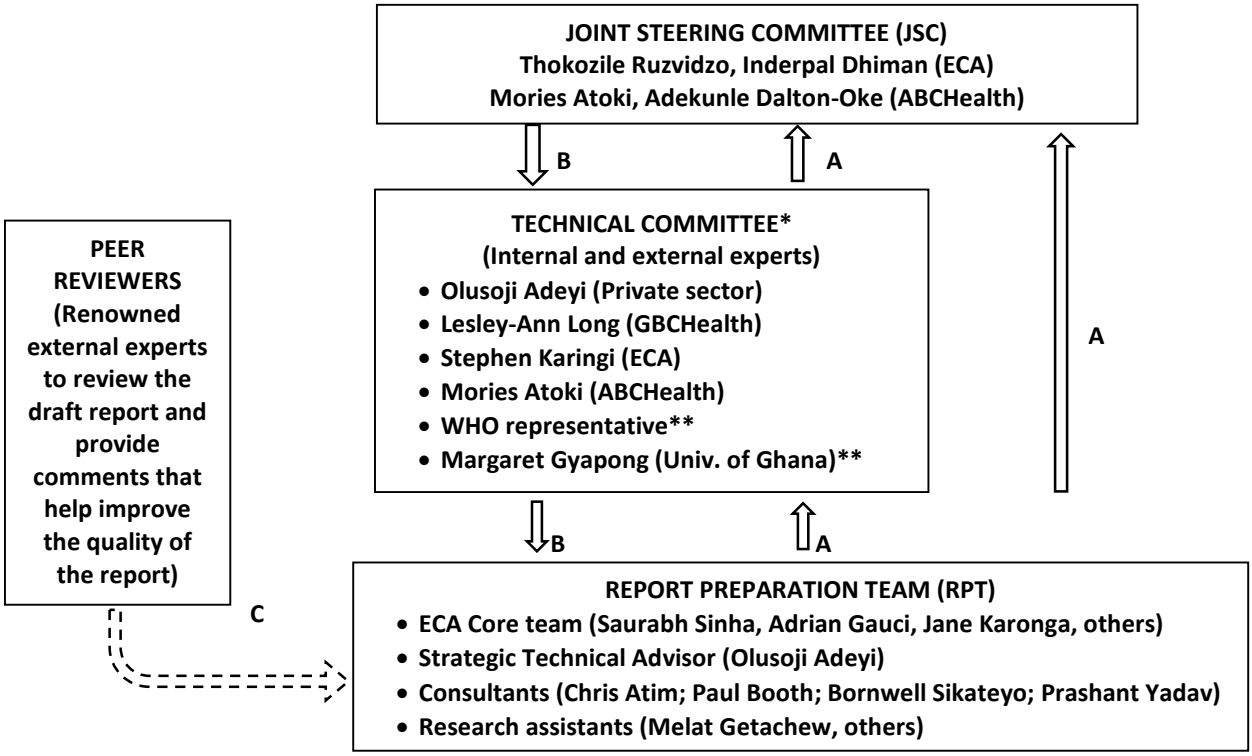
- working with consultants and research assistants to prepare the final draft of the report.

The Report Preparation Team will engage with the Technical Committee to respond to the comments and make presentations on the report as necessary.

D. PEER REVIEWERS

A team of external **peer reviewers** will be selected (nearer the time of the completion of the draft report) to provide a thorough and in-depth review of the draft report before its finalisation. The peer reviewers will be experts in their respective fields and their feedback and suggestions will ensure that the report adheres to the highest international quality standards and help increase its global visibility.

The institutional arrangement is depicted below.



Notes: A = Reporting; B = Guidance; C = Advice
* Co-chairs of the JSC will be ex-officio members of the Technical Committee.
** To be confirmed.

10. KEY PARTNERS AND THEIR ROLES

UNECA

- Lead in preparation of an evidence-based publication HEGA 2. This will include leading the team discussions, report research and development, peer review process and report production for which staff time and resources will be committed for launch by end-June 2020 (at the AU Summit).
- Use its outreach to help engage African leaders, Heads of States and government ministries to enlist and expand a network of appropriate champions and critical stakeholders, as well as plenary and panel speakers.
- Lead in coordination with the African Union Commission, the Africa CDC, other partners.

- With ABCHealth lead in the development and hosting of the launch and other associated events as agreed jointly and present high-level findings and recommendations from research.

ABCHealth

- Co-lead the planning and the launch of the report (with ECA) as well as other associated events jointly agreed.
- Commit staff time and other required resources within its network to work closely with ECA to provide technical input on the development and review of research report.
- Provide technical assistance and participate as member of the technical team in development and design of the report.
- Contract additional Africa and international-based consultants to support the program, thereby building local capacity within a dedicated regional team.
- Leverage global and African network of stakeholders through its founding partners – GBCHealth and Aliko Dangote Foundation (ADF) and ABCHealth's network to support the development of the Report and its launch.
- Work closely with planning team to help secure key note speakers, event sponsors and high level forum participants.
- Undertake stakeholder mapping, to best ensure targeted and prioritized outreach, as well as to identify examples of good corporate practice and contributions in heath space.
- Lead development of a side event during the UN General Assembly (UNGA) in September 2021, in collaboration with ECA, ADF and PHN, as a complementary activity to seed interest and support for the HEGA II report, to share preliminary findings and conclusions of research.
- Co-manage banking and finances associated with the launch of the report, monitoring expenditure of core funding, as well as additional fundraising and revenue from sponsorships and registration; providing regular updates to the steering committee as well as track revenue and expenses.
- Catalyse the report to deliver regionally relevant services and initiatives, supporting African-based companies interested in improving Health outcomes, including a Health in the Workplace tool kit and private sector commitment statement by African businesses.
- Leverage knowledge, skills and tools utilised by founding partners deployed to complete the first edition of the Health report for efficiency and to building longer-term regional capacity and sustainability.