



## Session Three: Universal Health Coverage: Improving Health and Well-Being in Africa

According to the World Health Organization (WHO), Universal Health Coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

To support women's health and development through the life course, UHC programmes must be designed, implemented, and measured appropriately. Unequal access to healthcare contributes to shortcomings in women's health at all ages. Therefore, they stand to gain the most from well-designed UHC programs<sup>1</sup>.

UHC removes financial barriers, reducing burdens on women, who often have primary responsibility for their families' healthcare but lesser access to cash. Additionally, while UHC efforts do not guarantee universal access to every possible healthcare service, they typically provide at least a basic set of high-impact primary care interventions to all users. As an example, basic service packages can provide core reproductive and maternal health services, including necessary interventions for safe, effective contraception and the basic services proven to prevent maternal deaths<sup>1</sup>.

Comprehensive care promotes good health for women and their families throughout their lives. Equitable access to integrated, comprehensive care is more likely in UHC-style systems, which enable policymakers and health planners to rationalise service delivery to women across the different stages of life<sup>4</sup>. Just as the childbearing years bring a variety of pressures (biological, socio-cultural and economic) to bear on the health of women in the African region, so do the years that follow. Many of these pressures are a continuance of stresses that have existed since birth. Health problems such as malnutrition, malaria or diarrhoeal diseases precede the onset of sexual activity and continue through the reproductive years and beyond<sup>2</sup>.

Then, as the life course continues, African women are faced with new risks and their morbidity and mortality profile begins to alter. HIV/ AIDS continues to take the greatest toll on lives, but noncommunicable diseases (NCDs) start to weigh quite heavily - notably, cardiovascular diseases, cancers (breast, cervical, colon, lung, ovarian and stomach), diabetes and chronic respiratory diseases. Other health problems experienced by women that decrease physical and cognitive functioning include arthritis, depression, dementia, poor vision (cataracts) and hearing loss<sup>2</sup>.

Maximizing the benefits of UHC for women also requires strengthening health systems at multiple levels, including financing, human resources and supply chains. Delivering more services requires innovation in health service delivery via partnerships focussed on areas such as financing, partnerships and digital health solutions. The move towards UHC requires improvements in health workforce recruitment, training, deployment, management, and retention. Community health workers and community midwives can cost-effectively scale up essential women's health services, such as family planning, antenatal care, and delivery attendance, especially in poor and rural settings. However, their effectiveness and sustainability depend on thoughtful management, with particular attention to the challenges women face as providers and users in these settings<sup>1</sup>.

Similarly, UHC success depends on the availability and management of essential medicines. Medicines and other life-saving commodities are central to maternal health, contraception, and other key women's health services. Making these products widely available requires a strong supply chain. Effective pharmaceutical management, from procurement to the provider level, is necessary to ensure safety and appropriate use, and to prevent medicines costs from overwhelming UHC budgets<sup>4</sup>.

As governments across the continent strive towards providing equitable access to healthcare in the midst of the "double burden" of disease of communicable and non-communicable diseases, it is vital that all sectors work together to accelerate solutions that strengthen health systems to respond to the public health crises and continue to provide quality care. Effective interventions to address diseases in women - both communicable and non-communicable - require a life course approach where health is considered from preconception through adolescence and adulthood. In order to achieve this, women's holistic health must be prioritised. Women should be empowered through health education in their early years so that they have the information required to lead a healthy life - prevention is better than cure. The economic and social transitions taking place in many parts of the region pose a particular problem for women as they age; a multisectoral response to this issue is required, and should be founded on some form of universal health care provision if the most vulnerable members of society are not to face exclusion from the health system.

Women's health must be a shared agenda - the public sector can form linkages with the private to strengthen the response to healthcare provision and accessibility to women:

- Deliver essential health services - scaling up early detection and coverage
- Educate health professionals - train the health workforce and strengthen the capacity of health systems at primary care level to address the prevention and control of diseases
- Obtain knowledge and lessons learned - strengthen and orient health systems to address diseases and their risk factors in women through people-centred health care and UHC
- Provide financing for the procurement and distribution of essential commodities - prioritising cost-effective high-impact interventions, improve the accessibility and availability of basic diagnostics and essential medicines including the use of generics which can treat major diseases in both public and private facilities.
- Accelerate innovation - use of digital technologies to increase health service access and efficacy for disease prevention and to reduce the costs in health care delivery
- Strengthen policymaking - advocacy and well thought out policy reform, backed up by effective legislation.

1 Quick J, Jay J, Langer A (2014) Improving Women's Health through Universal Health Coverage. *PLoS Med* 11(1): e1001580. <https://doi.org/10.1371/journal.pmed.1001580>

2 [https://www.afro.who.int/sites/default/files/2017-06/report-of-the-commission-on-womens-health-in-the-african-region-who\\_acusummary-comp.pdf](https://www.afro.who.int/sites/default/files/2017-06/report-of-the-commission-on-womens-health-in-the-african-region-who_acusummary-comp.pdf)



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## The Session

Unequal access to healthcare contributes to shortcomings in women's health at all ages. Therefore, they stand to gain the most from well-designed and executed UHC programs. The session seeks to provide an advocacy and action framework for solutions towards UHC advancing women's health and wellbeing in Africa.

**Key areas of discussion will be:**

- National and regional strategies supporting diseases related to women under the UHC frameworks
- Awareness of diseases related to women and the challenges they face in healthcare access, quality and finance.
- The private sector's contribution to UHC and their partnerships with other stakeholders to achieve better health and wellbeing for women across the continent: Private sector - what are they doing? What can be scaled?

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