BIZCOMMUNITY

Universal healthcare is more than just funding

Questions remain about how universal healthcare coverage (UHC) should be funded in countries with limited resources, especially where issues such as the escalating burden of non-communicable diseases (NCDs), infrastructure challenges and the dire shortage of healthcare providers persist.

The main objectives of UHC is to provide affordable, equitable access to quality healthcare to all people, reducing out-of-pocket spending and providing financial protection against catastrophic healthcare costs in a sustainable way.

“Achieving UHC is not just about government support, having risk pooling and mandatory contributions. Without the necessary infrastructure and enough healthcare providers to provide the required services, people will be reluctant to contribute towards national healthcare insurance funds because they want appropriate and improved quality services and treatments for their contributions,” explains Dr Stuart Bennet, director, healthcare: head of operations, Africa of the Abraaj Group’s Growth Markets Health Fund.

Shifting resources to prevention

Noting that 10 times more people die of NCDs in low- to middle-income countries per year than from HIV, malaria and TB, Dr Bennett stresses that a mindshift is needed to divert more money and resources towards prevention to reduce the massive burden treatment of these diseases are putting on health spending.

“Owing to the extreme paucity of awareness of NCDs in low- and middle income countries, people are not realising that 80% of the deaths caused by these diseases globally each year, occur in developing countries,” says Bennett. In most of these countries, patients have to pay out of pocket for treatment of these conditions with dire financial consequences to them and their families. In Kenya alone, it is estimated that up to a million people are pushed below the poverty line as a result of catastrophic health conditions.

Convincing governments to invest in preventative care rather than spending massive amounts of money on treating preventable conditions, could result in significant savings, making more money available to improve the quality and delivery of services to more people while also extending coverage by making contributions to health insurance funds more affordable.to more people, Bennett says.

GDP spend on healthcare

But ensuring sufficient funding will require governments to increase the proportion of GDP spent on healthcare. Currently, the proportion of GDP spent on healthcare in sub-Saharan Africa averages less than 5%, which will probably need to be doubled to extend and improve the delivery of services.

Referring to the role the private sector can play, he emphasises the huge opportunities it offers in terms of building and upgrading infrastructure, as well as providing training and education to both healthcare providers and patients. In Kenya, for example, where Abraaj has invested millions of dollars in healthcare over the past five years including hospitals and clinics, it has also introduced an NCD training and screening programme aimed at screening at least 100,000 people by the end of the year. This screening service is provided to patients free of cost, and includes collaboration with the Kenyan ministry of health to raise awareness and build capacity to identify and treat NCDs in government facilities as well as in the community.

“While financing mechanisms are important to realise the objectives of universal healthcare coverage, the focus should not be only on putting money in that pot, but also on reducing the size of the pot required to treat patients through interventions aimed at improving health rather than spending exorbitant amounts of money on treating preventable diseases,” Dr Bennett says.

Bennet will be speaking at the Hospital Build conference, which will form part of the 7th annual Africa Health Exhibition & Congress 2017 taking place from 7-9 June 2017 at the Gallagher Convention Centre in Johannesburg.