



The First WHO
Africa Health Forum

PUTTING PEOPLE FIRST

The Road to Universal Health Coverage in Africa

Kigali, Rwanda, 27 - 28 June 2017

Republic of Rwanda



Ministry of Health

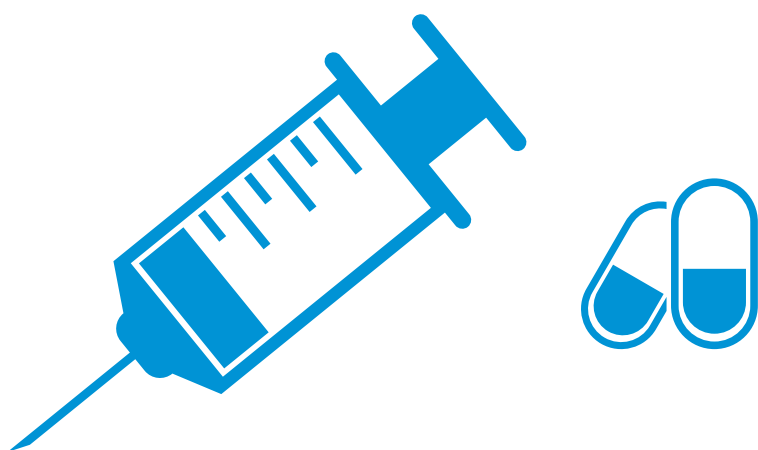


World Health
Organization

REGIONAL OFFICE FOR **Africa**

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ABBREVIATIONS

ADI	Addis Declaration on Immunization
AUC	African Union Commission
CBHI	Community-Based Health Insurance
CBOs	Community-Based Organizations
CSOs	Civil Society Organizations
DAH	Development Assistance for Health
EDPRS	Economic Development and Poverty Reduction Strategy
GHSA	Global Health Security Agenda
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHR	International Health Regulations
IMS	Incident Management System
MDGs	Millennium Development Goals
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
OAFLA	Organization of African First Ladies against HIV/AIDS
OOP	Out-of-pocket
PHC	Primary Health Care
RECs	Regional Economic Communities
RSSB	Rwandan Social Security Board
SDGs	Sustainable Development Goals
THE	Total Health Expenditure
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa



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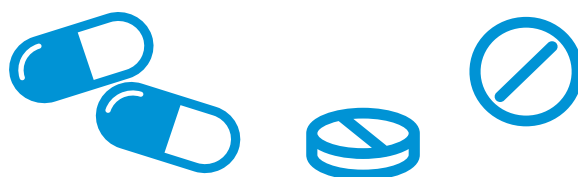
The World Health Organization Regional Office for Africa is grateful to the Government and people of Rwanda for hosting the First WHO Africa Health Forum. Particular gratitude goes to the Minister of Health of Rwanda, Dr. Diane Gashumba, Co-Leader of the Local Organizing Committee, and the Rwandan members of the Local Organization Committee.

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- From the Regional Office – Dr. Joseph Cabore (Director for Programme Management); all Directors; the External Relations, Partnership and Governing Bodies Unit; focal points for sessions; and all other members of the core planning team.
- From the Country Office – Dr. Olushayo Olu (WHO Representative to Rwanda and Co-Leader of the Local Organizing Committee) and his team.
- The team of WHO rapporteurs and the principal author of this report of the First WHO Africa Health Forum, Dr. Emil Asamoah-Odei, an Independent Consultant based in Accra, Ghana.

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EXECUTIVE SUMMARY

Introduction: In fulfilment of the World Health Organization Regional Director for Africa's pledge to build strategic partnerships and to work with all Member States and partners to attain the highest possible level of health for Africa's people, the World Health Regional Office for Africa convened the First WHO Africa Health Forum in Kigali, Rwanda, from 27 to 28 June 2017.

Organized under the theme "**Putting People First: The Road to Universal Health Coverage in Africa**", the aim of the Forum was to explore Africa's healthcare priorities and challenges and find new ways to achieve better health for all. Participants at the Forum included leaders and policy makers, advocates, implementers and partners from various countries and with varied

affiliations. The Forum gathered some of Africa's best – key thought leaders, policy makers and bright young people - to spark new thinking, new partnerships and new opportunities for better health action, and outcomes.

Opening: The Forum was officially opened, on behalf of His Excellency President Paul Kagame, by the Prime Minister of the Republic of Rwanda, His Excellency Mr. Anastase Murekezi. The Prime Minister also delivered the keynote address. Other speakers were the WHO Regional Director for Africa, Dr. Matshidiso Moeti and the Minister of Health of Rwanda, Dr. Diane Gashumba.





SESSION I

Health Financing: Getting Value for money - Taking Financial Responsibility for our own Health:

Sustainable health financing has long been recognized as an essential part of Universal Health Coverage (UHC). On the whole, the African Region has enjoyed an increase in Total Health Expenditure (THE), due to rises in government expenditure on health and Development Assistance for Health (DAH). However, investment in health falls short of the Abuja Declaration and the Addis Ababa Declaration on Sustainable Financing, and out-of-pocket expenditure remains high, raising concerns for equitable financing for health.

Session 1 focused on how countries can transition from DAH and take financial responsibility for health, while ensuring value for money and promoting equity and financial protection. The key conclusions and recommendations were:

- Universal Health Coverage is central to the achievement of the Sustainable Development Goals (SDGs); the right investments in UHC could lead to longer lives, better nutrition, good family planning, better response to epidemics, more decent jobs and less impoverishment.
- Since the adoption of the Addis Ababa Declaration on Sustainable Financing for Development, there has been a strong focus on domestic resource mobilization from the public and private sectors, transparency and accountability; DAH is seen largely as catalytic and contributing to the transition of countries from low to middle income status.
- Countries need to invest more in human capital as the more educated and healthier a population is, the greater the prospects for sustained economic growth and the attainment of UHC.
- The right to health is fundamental and requires that governments take greater responsibility for health by increasing domestic funding. This requires including health in the national development agenda, exploring ways of instituting mandatory health insurance and using other innovative financing mechanisms to raise additional funding.
- The citizenry, in turn, must recognize and demand this right and ensure that they have a voice at the table, be involved in the decision-making process and in the monitoring of implementation, and demand transparency and accountability.

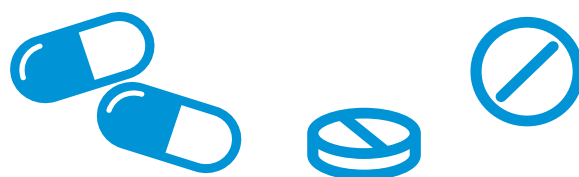
SESSION 2

Global Health Security: Protecting the people of Africa

Each year, the WHO African Region is challenged by over 100 outbreaks and other health emergencies, resulting in unacceptably high morbidity, mortality, disability and socioeconomic disruptions. These have the potential to threaten African, and indeed global peace and security, disrupt national economic activities, and destroy health systems and communities. Despite the availability of existing frameworks and strategies such as the International Health Regulations (IHR), tackling outbreaks and other health emergencies continues to be challenging.

Session 2 reviewed the lessons learned in managing various recent public health emergencies and identified successful approaches for strengthening regional and country capacity to improve health security and protect the people. The key conclusions and recommendations were:

- Countries need to invest in stronger emergency preparedness and prevention through risk management and active engagement of communities as a much cheaper alternative than controlling epidemics.
- Political commitment at the highest level, strong national leadership and the adoption of a “whole-of-Government” approach with functional coordination mechanisms at national and sub-national levels, are critical in improving health security.
- Implementation of innovative and effective community engagement strategies that take into account appropriate community initiatives, resources and knowledge are critical in the prevention and response to outbreaks and epidemics.
- The social and environmental determinants that influence vulnerability, risk and outcomes related to health emergencies should also be addressed. This requires the involvement of all strategic stakeholders, within and beyond the health sector.
- Recent experiences in managing epidemics give confidence that with countries learning from each other, and making most of the current opportunities, Africa can develop strong, resilient and inclusive health systems to address any epidemics.



SESSION 3:

Health Research, Innovation and Data for Sustainable Development

The African Region has a high burden of both communicable and non-communicable diseases. These are further complicated by demographic, economic, social, security and environmental changes that directly or indirectly impact on the health of the population. Strong national health systems are needed to deliver health care interventions to achieve UHC and the SDGs. Despite its importance, priority is not given to health research and data, which results in low investment. Consequently several functions of the health research systems are either non-existent or weak.

The aim of Session 3 was to advocate for the use of health research, innovation and data as critical tools for sustainable development in the African Region. The key conclusions and recommendations were:

- Donors also need to invest more in research in Africa and align their support with the priorities of countries and the continent.
- There should be stakeholder involvement at all stages in the development and execution of the research agenda and every effort should be made to ensure that the data generated from countries can influence policy change.
- Research and innovation, though neglected for a long time by African countries, are the key drivers of national development; local knowledge needs to be made available for decision making.
- Although publications have increased in recent years, this has not translated into the conversion of evidence to policy and more needs to be done. Information with local relevance could help pave the way for putting people first within the context of UHC.
- Country ownership and coordination of research is critical. Countries need to invest more in the infrastructure for research and Innovation to ensure reliable research outcomes. Each country should have a national strategic plan for research which could also serve as a tool for resource mobilization and advocacy.

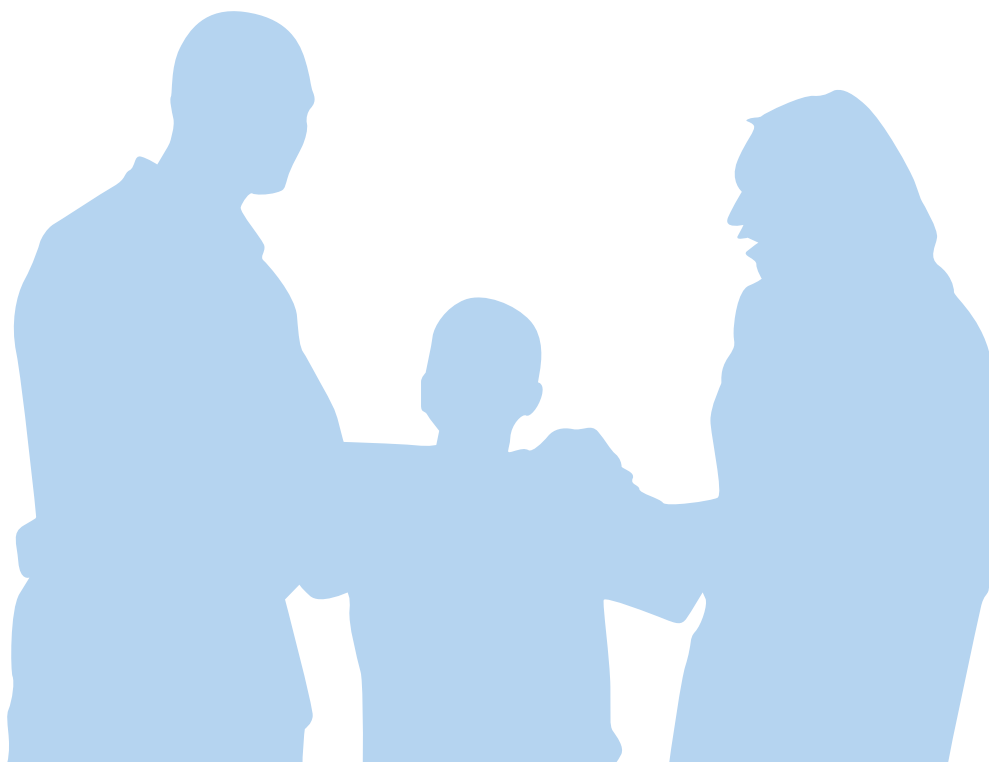
SESSION 4

Making UHC Work in Africa – How can the Private Sector contribute?

Strengthening existing partnerships and creating new connections are key to attaining UHC. To achieve this goal, partnering with the private sector is fundamental and can take various forms. Private sector engagement is particularly important in low- and middle-income countries, where government resources may be inadequate to achieve national health goals. Private sector engagement should ideally maximize efficiency and innovation and expand coverage and equity, and allow governments and ministries of health to focus on areas of their expertise and priority.

Session 4 discussed the role, importance and added value of the private sector's contributions to the efforts to achieve UHC. The key conclusions and recommendations were:

- There is unprecedented convergence between the public and private sectors, including academic institutions. This opportunity should be exploited to maximize the delivery of services towards the attainment of UHC.
- The public sector should concentrate on developing policies and regulatory systems while the private sector focuses on its areas of comparative advantage, including its ability to reach places where the public sector is unable to.
- It is critical that the right policies, legislation and regulatory framework are in place to enable the private sector play a more effective role towards the attainment of UHC. This should include an efficient accreditation system with clear standards for health facilities.
- Governments need to help ease the private sector's worries about investing in health. It is important to build trust between the public and private sectors. This requires a change in both the mindset of all and in the public discourse on the role of the private sector.



SESSION 5

Old Enemies (HIV, TB and Malaria); New Threats (NCDs, Urbanization, Climate Change)

While facing a huge burden of communicable diseases, new threats such as non-communicable diseases and the impact of climate change are jeopardizing the human, social and economic development of African populations. In addition, climate change is worsening environmental conditions and exacerbating health vulnerabilities. There is the need for a comprehensive and evidence-based coordinated response to the unfinished business of communicable diseases, the high burden of non-communicable diseases and the climate change adaptation needs of African countries as well as the environmental determinants of health.

The aim of Session 5 was to inspire African-led actions to address the challenges related to communicable, non-communicable diseases and the environmental determinants of health. The key conclusions and recommendations were:

- Dealing with old enemies must include a change in the attitudes that drive the way we do business. The region should not only focus on communicable disease but also address NCDs, including mental health, and the determinants of health. This calls for new models for patient care, including for chronic care and palliative care, and traditional medicine.
- Political will; effective leadership that is engaging, action-oriented and is able to rally all key stakeholders towards a common cause; a change in the mindset and attitudes of the people; and a conscious effort by the people; all backed by a conducive legal framework are required to make a difference in the quality of life of the people.
- The SDGs offer effective approaches for promoting good health. These include improving nutrition; reducing family size by empowering women through education and providing occupational opportunities; curbing epidemics; providing decent jobs; and eliminating poverty, sometimes through cash transfers.
- The commercial interests around fast foods, advertisements to promote cigarette smoking, the use of sugary drinks, alcohol and cooking oils, and others are real determinants of health and should receive due attention from national governments, including the enactment of legislation.

SESSION 6

Putting People First – Bringing Better Health to Africa’s People

Countries in the African region have made commendable strides in health. However the newly adopted SDGs require greater efforts to ensure healthy lives and wellbeing for all. It is critical to improve the scope and mode of delivery of health services and to address the existing inequities in order to have a meaningful impact on people’s lives. The health sector interventions will need to be complemented by inter-sectoral action to effectively address the social, economic and environmental determinants of health. It is important to identify ways countries can optimize the multiplicity of stakeholders and the different resources to build a resilient health system that will sustainably address the health and wellbeing of the people without leaving anyone behind.

The aim of Session 6 was to harness and pull together the critical issues from the previous sessions and to propose a way forward n putting the people first in the pursuit to bring health to Africa’s people. The key conclusions and recommendations were:

- Key actions that countries need to take to ensure sustained health gains include agitating for funding for health; cogitating by regularly monitoring progress; anticipating change; encouraging the participation of different actors; empowering and capacitating all stakeholders; and educating various stakeholders to learn how to appropriately express their values and needs for UHC.
- There is the need to promote decentralization by strengthening the capacity of local government structures and communities to actively participate in and contribute to the processes for addressing the grass-root causes of inequity.
- Primary Health Care is critical in ensuring the right to health. Governments should build the capacity of frontline health workers and empower communities and households to contribute in taking decisions about their own health, and finding solutions to their

health problems, including contributing their own ideas and resources. There is need to identify and target the poor and the marginalized and ensure their social protection through enrolment in health insurance schemes.

- Investments in health could take advantage of the increasing youth population. It is important to educate the youth and make them active players in identifying their needs and in finding solutions. The youth need to be real actors and not mere beneficiaries.
- In addition to providing for the health care needs of people as part of UHC, countries need to address the social needs of people such as food, water, hygiene, sanitation, and gender equality. It is only when such needs are adequately addressed that one can talk of improved health and health equity.

Closing: During the Closing Ceremony, the **First WHO Africa Health Forum “Call-to-Action”** was presented by the Director for Bio-Medical Services of the Rwanda Bio-Medical Centre, Dr. Jean Baptiste Mazarati. The Forum was officially closed by the WHO Regional Director for Africa, Dr. Matshidiso Moeti and the Minister of Health of Rwanda, Dr. Diane Gashumba.

I. INTRODUCTION

In September 2015, Heads of State and Government agreed on a new 2030 Agenda for Sustainable Development. This is aimed at ending poverty, reducing inequality and injustice, and tackling climate change. The Agenda 2030 has 17 Sustainable Development Goals (SDGs) and 169 targets to guide global development over the 15 years. Health is addressed in the third goal “ensure healthy lives and promote well-being for all at all ages” with targets in other goals. Universal Health Coverage (UHC), the eighth target in Goal 3, is defined as all people receiving the quality promotive, preventive, curative, rehabilitative and palliative services they need without suffering financial hardship in so doing. This target underpins the achievement of all the other health and related SDG targets.

The 2030 Agenda for Sustainable Development provides an ideal opportunity and platform for catalysing strategic partnerships and inter-sectoral engagement and action. Strategic partnerships, effective engagement and coordinated joint action are critical for effectively addressing the urgent and ever-changing health needs of people living on the African continent in order to achieve better access to quality affordable care for everyone.

In fulfilment of the World Health Organization (WHO) Regional Director for Africa’s pledge to build strategic partnerships and to work with all Member States and partners to attain the highest possible level of health for Africa’s people, the World Health Regional Office for Africa (WHO AFRO) convened, under the high patronage of His Excellency Mr. Paul Kagame, President of the Republic of Rwanda, the First WHO Africa Health Forum in Kigali, Rwanda from 27 to 28 June 2017.

Organized under the theme “**Putting People First: The Road to Universal Health Coverage in Africa**”, the aim of the Forum was to explore Africa’s healthcare priorities and challenges and find new ways to achieve better health for all.

The specific objectives of the Forum were to:

- Provide a platform to discuss innovative strategies on persistent challenges in public health in the African Region;
- Promote reinforced country ownership and governance for health; and
- Explore concrete ways for partners to contribute in reforming the work of WHO in the African Region and fulfil the aims of the “Africa Health Transformation Programme 2015-2020.

The Forum covered WHO AFRO’s vision for health and development across the continent, including how to improve health security and drive progress towards equity and UHC and how to pursue the unfinished agenda of the Millennium Development Goals such as HIV, TB and malaria, while exploring the new Sustainable Development Goal (SDG) targets as well as tackling the social and economic determinants of health.

The Forum provided a unique opportunity to strengthen collaboration between WHO and its stakeholders on Africa’s health agenda and sought to facilitate engagement with all partners in order to kick start new partnerships and a process of dialogue towards the further development and adoption of joint innovative strategies for improving the health of Africans across the region.

Participants at the Forum included leaders and policy makers, advocates, implementers and partners from various countries and with varied affiliations – ministries of health and finance; development partners, inter-governmental agencies, the African Union Commission and Regional Economic Communities, the private sector, academia, philanthropic foundations, youth and women organizations, nongovernmental organizations, civil society organizations and the media. In all, over 700 participants attended the Forum. The Forum gathered some of Africa’s best – key thought leaders, policy makers and bright young people - to spark new thinking, new partnerships and new opportunities for better health action, and outcomes.



2. OPENING



In welcoming the participants to the Forum, the WHO Regional Director for Africa, Dr. Matshidiso Moeti thanked His Excellency President Paul Kagame and the people of Rwanda for their warm hospitality. She stated that one of the reasons why President Kagame had been selected to lead the reform of the African Union was the recognition by his peers of his leadership which has resulted in remarkable progress in health and development within a short space of time in Rwanda.

The Regional Director recalled her commitment to broaden and intensify WHO's strategic partnerships, as part of the Transformation Agenda of WHO in the African Region, when she took office as Regional Director for Africa. She indicated that the Forum was an important step in the efforts to forge new partnerships, align priorities and galvanize commitment from national political leaders to civil society, in advancing the health agenda in Africa and attaining the SDGs. She added that, with their vitality and energy offering so much potential, the youth are critical new partners to create health systems that deliver for all.

The Regional Director stated that the Forum was taking place against the backdrop of a shifting global geo-political landscape, which will have a major impact on international funding for develop-

ment. This includes the appointment of the first African WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, who intends to champion increased investment and public-private partnerships; the reform of the African Union with greater emphasis on countries investing more in their own development; the recognition by the private sector that investing in the health sector can yield good return; the burgeoning urbanization in Africa; and the exponential increases in access to and use of information technology, driven by a youthful population.

Dr. Moeti recognized the persisting economic inequalities around the world, citing a recent Oxfam report which indicated that 70% of people in the world live in countries where the gap between the rich and the poor is greater than it was 3 decades ago. These economic disparities intensify other inequalities such as those related to gender, the rural-urban divide, and access to affordable health care. The transition from the MDGs to the Sustainable Development Goals offer a great framework and an opportunity to collectively work together, in effective partnerships, to get concrete results in improving the health of the African people.

The Regional Director recalled the great progress made in health, with the support of partners,

including civil society and the private sector, over the years. This includes decreases in under-five and adult mortality, increases in life expectancy, great strides towards the eradication of polio, the discovery of a malaria vaccine offering partial protection in children, and reductions in Neglected Tropical Diseases, HIV and malaria. She however indicated that the improvements made varied across and within countries, had not been at the speed hoped for, and inequities still remained. There was still the unfinished agenda of communicable diseases, with Sub-Saharan Africa being the most affected HIV region in the world, and having a fast-growing drug-resistant TB problem and a fast-emerging problem of anti-microbial resistance. There was also a rising burden of non-communicable diseases, with Africa having the world's highest hypertension rate as well as the highest road traffic and pedestrian fatality rates.

Dr. Moeti stated that much of the morbidity and mortality could be prevented through legislation, policies, and behavior and lifestyle changes and that strong community health systems and engagement could be a key resource for health security and accelerating progress to UHC.

The Regional Director observed that countries in the Region have improved their capacities to respond to outbreaks and emergencies since the tragic Ebola epidemic in West Africa and that WHO's reform, through the re-organized Outbreaks and Emergencies Programme, was already paying dividends.

For example, the largest ever yellow fever outbreak was contained when WHO and partners supported the governments of Angola and the Democratic Republic of the Congo to vaccinate over 30 million people in 2016. In addition, the quick declaration of a new Ebola outbreak in May 2017 by the government of the Democratic Republic of Congo – in line with the International Health Regulations and the Regional Strategy for Outbreaks adopted by Ministers of Health – enabled WHO to share information, and coordinate closely with partners on actions to stop the outbreak.

In reviewing progress in the area of immunization, Dr. Moeti stated that while national coverage rates are high in many countries, one in five children still does not have access to all the vaccines they need. Inequities still persist, with major gaps in

coverage between children from the richest and poorest households, and between children whose mothers have different levels of education. The need to do more was acknowledged by African Heads of State with the endorsement of the Addis Declaration on Immunization (ADI) during the African Union Summit of January 2017.

The Regional Director reiterated that stronger health systems are essential to ensuring public health security, as well as assuring access to services for health promotion, prevention and treatment. UHC is about the effective delivery of essential health and related services, with improved coverage and equitable access, and minimal financial barriers. A big concern has been the financial barriers that hinder access in the Region, with many individuals and households falling into poverty from seeking health care. The first Global Monitoring Report "Tracking Universal Health Coverage", indicates that in 37 countries globally – eight of which are in Africa – about 15% of poor households are further impoverished by out-of-pocket payments for health care. She stated that for stronger health systems to ensure health security and bring better access to health services, countries need to strive to reach the minimum \$80 per capita expenditure recommended by WHO.

The Regional Director stated that the Forum aims to ensure that health interventions are focused beyond the health sector, and that new partnerships are encouraged, through effective engagement in stronger intersectoral action, towards the common goal of better development and better health for Africa. There was the need to learn new and innovative ways of working, and to reap the benefits of sectoral policies that promote health, while reciprocally contributing to the outcomes of other sectors.

She reiterated her determination, as the head of WHO in the African Region, to create opportunities for effective engagement. She informed the Forum that in December 2016, the WHO Regional Office for Africa held its first forum on Strengthening Health Systems for UHC and the SDGs. The Forum generated an Action Framework, providing Member States with a menu of options to tailor their efforts towards attaining UHC and SDG3. WHO's UHC flagship programme – developed to accelerate the efforts in the Region - aims to provide effective support to countries to realize tangible

and sustainable improvements in national health systems. This includes leveraging information technology for health and UHC as more and more countries adopt eHealth and digital applications to progressively transform health systems and healthcare.

In concluding her welcome remarks, Dr. Moeti demonstrated her passion about equity with a story about 2 young girls – one living in a suburb of a big city with a family that has health insurance; she has a smart phone; she can access decent health care, attends a good school and has the prospects of a future which includes a good job or perhaps starting her own business, while the other one lives in a high density area or slum, has one good meal a day, stays away from school when she menstruates because she does not have sanitary towels. If she needs to go to a clinic or hospital, the family has to find the money to pay otherwise she simply has to hope to get better. She has a good chance of falling pregnant before completing her secondary education, or being married off early.

Dr. Moeti stated that through UHC and within relevant health policies and targeted actions, all stakeholders can work together to ensure that both girls have access to good preventive and curative health services, thereby contributing to reducing poverty in the countries, so that future generations can have similar chances in life.

She reiterated WHO's commitment to intensify advocacy to ensure that the SDGs – and UHC – remain at the top of the political and development agenda and that adequate domestic and external resource are mobilized. She called on Member States to lead and take stewardship actions at the highest levels, providing the domestic funding to shift health systems towards UHC, and working with the private sector and civil society. She also called on partners and donors to find innovative ways to maintain their support, despite the competing priorities. She stated that the phrase 'leaving no one behind' is central to the SDGs, and must be everyone's constant inspiration.

In her address, the Minister of Health of Rwanda, Dr. Diane Gashumba thanked the WHO leadership for having chosen Rwanda to host the first WHO Africa Health forum and for their contribution to the improvement of the health systems in Rwanda. On behalf of the Rwandan Ministry of Health, she

welcomed the participants to the Forum. In sharing the experiences of Rwanda on home-grown solutions such as Community Health Insurance, the army week, community health workers, and targeted outreach to hard-to-reach populations, the Minister stated that the story of Rwanda was a testimony that when politics are people-centred and the notions of unity, equality and commitment are placed at the centre of a country's development, the transformation of the lives of the people is doable.

The Minister recalled that before the 1994 genocide, Rwanda's health system was characterized by a high degree of centralization of health care services, there was no public health insurance, and health services were offered only to those who had the means to pay. Following the devastation of the genocide, the people chose to unify, determined to rebuild and develop the country, and the right to health was placed at the forefront. Over the last decade, and guided by the principles of good governance, reconciliation, unity, and an equity-driven focus, Rwanda had achieved the MDGs, with the health and livelihoods of Rwandans having improved considerably, and paving the way for the attainment of the SDGs.

The Minister of Health thanked the organizers of the Forum – the Ministry of Health, Government institutions from other sectors, WHO and the private sector – for their collaboration and tireless efforts put into the preparations for the Forum. She called on the participants work together to surpass the progress made in tackling health inequalities, to sustain the gains, to cover the existing gap and to ensure a safe future for the people of Africa.

The keynote address of His Excellency President Paul Kagame to the Forum was delivered by the Prime Minister of the Republic of Rwanda, His Excellency Mr. Anastase Murekezi. He thanked WHO for choosing Rwanda as the host for the first ever Africa Health Forum, and for recognizing Rwanda's leading reputation and pioneering efforts of using good leadership, accountability and home-grown solutions for socio-economic development. He informed that Forum that Rwanda recognizes health within its constitution as a human right and is working tirelessly towards Universal Health Coverage for her people.

The Prime Minister reported that using innovative solutions, such as the *Ubudehe*, a home-grown system which classifies and assigns support to people according to their socioeconomic status, the Community-Based Health Insurance (CBHI) system as well as government subsidies for healthcare services, such as malaria treatment, the government was working towards ensuring equitable access to health services throughout the country. Through this, Rwanda had gained global recognition for achieving the Millennium Development Goals (MDGs) and is now pushing forward to achieve the SDGs.

The Prime Minister added that the achievements made in the health sector, with the support of WHO and other development partners, were within the framework of the Vision 2020 and the Economic Development and Poverty Reduction Strategy (EDPRS) II both of which aimed to improve the socioeconomic status of the people of Rwanda, as poverty was recognized as a social determinant of health. The Vision 2020 and EDPRS II have resulted in a significant reduction in poverty, an increase in life expectancy, and improved access to social services including health, among others.

He spoke of how the government budget allocated to health had increased from 11.5% in 2011 to 14% in 2015 and the efforts being made to develop Vision 2050 and EDPRS III, both of which will aim to transform the country into an upper middle income country by 2035 and a high income country by 2050. The goal of Vision 2050 is to ensure a high standard of living for all citizens and an improved quality of life through ensuring universal access to health, education, housing, medical insurance, and justice for all.

The Prime Minister stated that an increase in effective health sector spending is an important milestone that can be achieved by all African countries if the principles of visionary leadership, good governance, accountability, self-determination, effective partnerships and collaboration are applied. He called upon countries to work together in unity and collaboration to fight diseases and sustain change. He reiterated the commitment of Rwanda to strengthen partnerships with WHO and other partners to advance universal access to health for the people of Rwanda and Africa.

In concluding the keynote address, the Prime Minister shared a quote from His Excellency, President Paul Kagame on the importance of collaboration, accountability, and determination —

“After 1994, everything was a priority and our people were completely broken. But we made three fundamental choices that guide us to this day. One — we chose to stay together. Two — we chose to be accountable to ourselves. Three — we chose to think big.... When we are unified, working together, no challenge is insurmountable”.

He then called upon all African countries to support the Forum and to provide the national and regional political commitment and leadership required for adequate investments in the attainment of the SDGs and UHC for Africans, with a view to ensure that no one is left behind. He also called on health stakeholders, including the private sector, in Africa and beyond to support Africa’s efforts towards UHC and to ensure that such efforts are aligned to national aspirations and priorities.

The Prime Minister then declared, on behalf of His Excellency President Kagame, the First WHO Africa Health Forum officially opened.

3. PROCEEDINGS

3.1 Session 1: Health Financing: getting value for money-taking financial responsibility for our own health

Sustainable health financing has long been recognized as an essential part of UHC and an important plank in achieving the aims of the SDGs. In recent years the concept has led to numerous health reforms, including health financing, health insurance and results-based financing. These have been influential in redefining how finances for health are mobilized, managed and used to purchase essential health services across Africa.

On the whole, the African Region has enjoyed an increase in Total Health Expenditure (THE) over the last 15 years. This increase included rises in government expenditure on health and Development Assistance for Health (DAH), in absolute terms. This increase was precipitated by the global drive in resource mobilization for the Millennium Development Goals as well as the political commitment made by Heads of State in Abuja, 2001. Despite the commitment to the Abuja target and now the Addis Ababa Declaration on Sustainable Financing, domestic investment falls short and out-of-pocket (OOP) expenditure remains high. The high reliance on OOP raises concerns for equitable financing for health.

The aim of the Session was to consider how countries can transition from DAH and take financial responsibility for health while ensuring value for money and promoting equity and financial protection.

The Moderator for the session was **Mr. Andrew Mwenda**, Journalist and Founder of the Independent Newspaper in Uganda. The Keynote Speaker was Dr. Timothy G. Evans, Senior Director at the World Bank Group in USA.

The panelists were Ambassador Claver Gatete, Minister of Finance of Rwanda; Honourable Sarah Opendi, Minister of State for Health, Uganda; Dr. Githinji Gitahi, Group Chief Executive Officer of Amref Health Africa, Kenya; Mr. Carl Manlan, Chief Operations Officer of the Ecobank Foundation, Ghana; and Mr. Fletcher Tembo, Director of the Making All Voices Count Programme, Kenya.

In delivering the keynote address, “Financing Universal Health Coverage: Fast tracking a healthier, wealthier and more secure future”, **Dr. Timothy G. Evans** reiterated the need for continued advocacy for UHC to be treated not as a health but also as a development issue. He applauded the commitment of the leadership of both the World Bank Group and the World Health Organization. He noted that UHC was central to the achievement of the SDGs and that the right investments in UHC could lead to longer lives, better nutrition, good family planning, better response to epidemics, more decent jobs and less impoverishment.

Dr. Evans recalled some of the positive strides made by Africa two years into the SDGs. Firstly, the UHC Framework for Action in Africa demonstrates a strong commitment by African leaders to UHC and identifies



Mr Andrew Mwenda
Journalist and Founder of the Independent Newspaper in Uganda



Dr. Timothy G. Evans
Senior Director of Health, Nutrition and Population, World Bank Group

5 areas for actions to accelerate progress. These are financing (more and better spending and effective financial planning); equity (targeting the poor and marginalized and leaving no one behind); services (people-centred services, quality and multi-sectoral actions); populations (strengthening health security); and governance (politics and institutional foundations to the UHC agenda). Secondly, there has been substantial progress in service delivery and coverage and essential public health functions are getting attention, though challenges remain. Thirdly total health financing per capita has increased over the last 15 years. However, this increase was mainly due to external financing, most African countries did not meet the Abuja target, the incidence of catastrophic expenditure increased from 1.2% in 1995 to 5% in 2014 and an estimated 11 million people fell into poverty each year until last year. Indeed it is estimated that one-third of African in need for care do not seek health care for financial reasons.

In looking forward, Dr. Evans noted how the discourse on financing has changed since the adoption of the Addis Ababa Declaration on Sustainable Financing for Development. There is now a strong focus on domestic resource mobilization from both the public and private sectors, transparency and accountability, and on development assistance which should be seen largely as catalytic and contributing to the transition of countries from low to middle income status. Through the Global Financing Facility, countries are moving towards a smart, scaled and sustainable financing for results, while ensuring good value for money by going for the best prices and using the best types of delivery systems, and involving both the public and private sectors to scale up services at all levels.

Dr. Evans underscored the need to anticipate what lies ahead and adopt innovative solutions to address the current and future challenges, including reaching the informal sector and hard-to-reach populations and better anticipating epidemics. He ended his keynote address by calling on countries to invest more in human capital as the more educated and healthier a population is, the greater are the prospects for sustained economic growth. He stated that without a competent and motivated health workforce, UHC cannot be achieved.



Ambassador Claver Gatete
Minister of Finance, Rwanda

The first panelist, **Ambassador Claver Gatete** spoke about how Rwanda is using innovations to ensure the best returns on investments. He stated emphatically that health is a necessity and there is a direct relationship between health and development. He described how the development of the health sector was seen as an integral part of the national development and how its effective functioning depended on the smooth performance of other sectors like roads, water, energy, and others. He highlighted the need for a comprehensive strategy to finance the health sector and how all stakeholders should be part of its development and implementation.

Ambassador Gatete described how an innovative financing mechanism like the social impact bond for health has been introduced in Rwanda to contribute to the financing of the health sector. Interests on the bond are directed to the health sector and measures have been introduced to ensure effective and efficient financial management. Selected hospitals have been equipped to be competent to offer specialized services for fees and even attract patients from abroad.

The Minister of Finance also spoke about other ways to invest in health in Rwanda. These include the institution of a mandatory health insurance scheme, direct provision of funding to health care facilities to meet determined benchmarks, and the provision of incentives to the private sector to provide health services to communities. As part of the mandatory health insurance scheme, the government supports the poor, based on income categorizations, with subsidies for their contributions.

The second panelist, **Honourable Sarah Opendi** reflected on how health financing is managed in her country. She stated that health is a human right and is enshrined in the constitution of the Republic of Uganda. In pursuance of this, primary health services are free while patients have to pay for tertiary care. So far, the country is heavily dependent on external funding for health but structures are being put in place to reduce this. For example an HIV Trust Fund and an Immunization Fund are being established. In addition a bill is being developed for submission to parliament to establish a national health insurance scheme.

The Honourable Minister also spoke about how local innovations for health are being promoted. For example, Embex, a tool for tracking sickle cell disease and another tool to detect Tuberculosis are being scaled up. She stated that the Government of Uganda is moving towards UHC and intends to undertake some reforms, including focusing on prevention, human resources and infrastructure.

The third panelist, **Dr. Githinji Gitahi** described some innovative ways of financing healthcare. He stated that health is a human right and therefore the citizenry should be proactive and demand this right when necessary. He cited the Rwanda health insurance scheme as one of the shining examples in Africa and called upon countries to embrace this proven innovation. He also called on countries to make health insurance mandatory with subsidies to be provided to those who cannot afford the basic premiums. He stated that pooling resources from communities will give them more grounds to demand their right to quality health services. He added that with 10 million Africans joining the labour market each, and a large middle class, individual donations of none US dollars could easily raise USD four billion in a year, money that could be invested in development every year, including in health, education and agriculture. This will also require the establishment of public accountability mechanisms, including the relevant legislation.

The fourth panelist, **Mr. Carl Manlan** underscored the need for legislation, regulation and effective use of data to ensure smart financing. He cited the Rwandan “*sante mutuelle*” as a good example of smart financing.

The fifth panelist, **Mr. Fletcher Tembo** advocated for greater engagement of the public, including making their voices heard, as the SDGs call for inclusiveness and collective action. Citizens should not be considered only as beneficiaries of the health system but also as contributors, and should be involved in the decision-making process and in the monitoring of implementation. He also stressed the importance of accountability, citing the example of Ghana where a Public Citizen Accountability Committee has been set to monitor the use of funds generated from the extractive industry.



Hon. Sarah Achieng Opendi
Minister of State for Health,
Uganda



Dr. Githinji Gitahi
Group CEO, Amref Health Africa



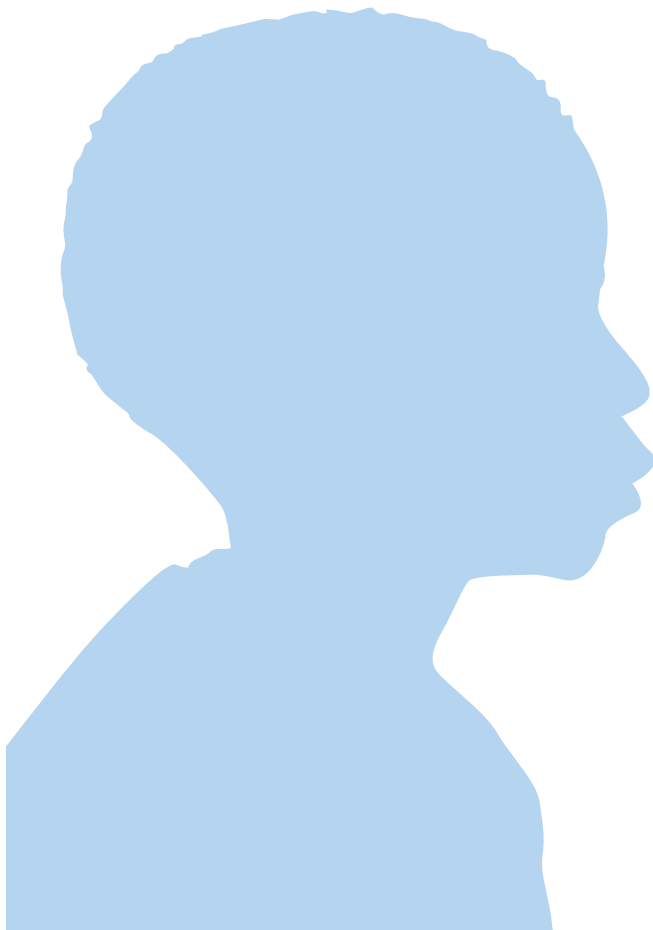
Mr. Carl Manlan
Ecobank Foundation's Chief
Operating Officer



Mr Fletcher Tembo
Director for the Making All Voices
Count Programme, Kenya

During the discussions involving the audience, the following additional points were made:

- The private sector is heavily present in the delivery of health services and their comparative advantages should be nurtured and leveraged, within a conducive policy and regulatory environment, to improve access.
- While the establishment of special funds was a source of additional funding for health, such funds could, without strong coordination, create fragmentation and havoc and lead to inefficiencies in the management of the national budget. It is thus critical to minimize the number of such funds.
- Health financing is about governance of society. Until the issues of health and education, the key drivers of transformation, are taken on by political, spiritual and traditional leaders, very little progress will be made.
- There are several countries with strong and effective leadership which have achieved a good level of health with limited funds.
- The diaspora has a role to play by providing human resources and financial capital towards the realization of UHC.



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3.2 Session 2: Global Health Security: Protecting the people of Africa

Each year, the WHO African Region is challenged by over 100 outbreaks and other health emergencies, resulting in unacceptably high morbidity, mortality, disability and socioeconomic disruptions. These have the potential to threaten African, and indeed global peace and security, disrupt national economic activities, and destroy health systems and communities.

Despite the availability of existing frameworks and strategies such as the International Health Regulations (IHR), tackling outbreaks and other health emergencies continues to be challenging. This is largely due to the fragmented implementation of interventions, limited inter-sectoral collaboration, weak health systems and inadequate IHR (2005) core capacities. To address these, there is the need to advocate for the strategic positioning of public health emergencies as a regional and global health security issue.

The aim of the Session was to discuss the lessons learned in managing various recent public health emergencies and to identify successful approaches for strengthening regional and country capacity to improve health security and protect the people.

The Moderator for the session was Ms. Julie Gichuru, Founder and Chief Executive Officer of Animus Media, Kenya and the Keynote Speaker was Dr. Bernice Dahn, Minister of Health of Liberia.

The panelists were Dr. Donal Brown, Director, East and Central Africa, Department for International Development of the United Kingdom; Dr. Adeiza Ben Adinoyi of the International Federation of the Red Cross (IFRC), Kenya; Dr. John Nkengasong, Director of the Africa Centre for Disease Control; Dr. Rebecca Martins, Director of the Centre for Global Health of the United States of America Centres for Disease Control and Prevention; and Dr. Emmanuel Ndahiro, Director of the Rwanda Military Hospital.

In opening the Session, **Ms. Julie Gichuru** underscored the need to invest in: stronger emergency preparedness and prevention through risk management and active engagement of communities; addressing the social and environmental determinants that influence vulnerability, risk and outcomes related to health emergencies; developing capacities for early detection, rapid response and prompt recovery; better global advocacy; strengthening health systems; better involvement of communities and the private sector; harnessing the available capacities and identifying synergies; mobilizing strategic stakeholders, within and beyond the health sector; and using lessons learnt to identify successful approaches for strengthening capacities that can maximize synergies and efficiencies at various level.



Ms Julie Gichuru
Founder and Chief Executive
Officer of Animus Media



Dr. Bernice Dahn
Minister of Health Liberia

Dr. Bernice Dahn, in her keynote address, recalled that the 2014 Ebola epidemic in Liberia set in when the health system was recovering from the adverse impact of a 13 year civil crisis with severe underlying weaknesses such as poor disease surveillance capacity; lack of laboratory capacity; little awareness of Ebola by health workers and policy makers; little knowledge and practice of infection, prevention and control; poor public health infrastructure; community distrust of health service providers; and poorly designed health education messages.

Dr. Dahn highlighted the following factors that facilitated the response to the Ebola epidemic:

- Strong national leadership and “whole-of-Government” response: The Government chaired the national Incident Management System (IMS), bringing together all relevant ministries and agencies, including national security institutions.
- High political commitment: The President chaired a Presidential Advisory Committee on Ebola (PACE).
- Strong and functional coordination mechanisms at national and sub-national levels: The IMS brought together Government agencies, partner agencies (UN, bilateral agencies, NGOs), international response teams/Foreign Medical Teams. During the daily IMS meetings, teams provided, reviewed the evolving epidemiology and made joint decisions. Similar structures were established in each of the 15 counties. The cluster system was also put in place with clusters co-chaired by the Government and UN agencies.
- Implementation of innovative and effective community engagement strategies that took into account appropriate community initiatives, resources and knowledge.
- Implementation of capacity building activities to ensure that experienced international responders transferred key knowledge and skills to national public health workers and volunteers.
- Application of inappropriate travel restrictions by several countries, including some neighbouring countries was a disincentive to the spirit of the legally binding IHR (2005) instrument.

The Minister spoke about how with the support of partners, the government used the lessons learned during the Ebola epidemic to formulate a 7-year investment plan to build a more resilient health system in order to address the gaps. The gaps were in key areas such as the health workforce, health infrastructure, epidemic preparedness and response/IHR core capacities, the quality of health service delivery, and community participation. Implementation of the plan, which is funded from both national and international sources, began in mid-2015.

Some of the key achievements so far include the establishment of a National Public Health Institute that includes a Public Health Capacity Building Center and an Emergency Operating Centre as core structures

for stewardship and implementation of IHR (2005); availability of Epidemic Preparedness and Response Plans and trained multi-disciplinary Rapid Response Teams in all 15 counties; establishment of national Infection Prevention and Control guidelines and training of over 14,000 health workers; and the establishment of a national Community Health Assistants programme. The remaining challenges include slow progress in implementing the “One Health Approach”; minimal capacity in addressing antimicrobial resistance; inadequate Laboratory Quality systems; limited capacity for points of entry, chemical events and radiation emergencies; gaps in the quality of health services- drug stock outs, shortage of trained health workers in hard-to-reach areas; and inadequate capacity of regulatory authorities.

Dr. Dahn concluded her address by stating that her country was confident that, learning from each other and supporting each other, and making most of the current opportunities, countries in Africa can develop strong, resilient and inclusive health systems to address any epidemics.

The first panelist, **Dr. Donal Brown** focused on innovative ways to mobilize the required financial, human and logistic resources for health security in Africa. He stated that there is a need for prioritization of national funds for epidemic preparedness and response. Countries should conduct risk mapping so that support is provided to those that are at most risk or are the most vulnerable. He advocated for strong partnerships to promote health security and for the use of innovative approaches in establishing risk insurance, stating that governments do not have to do everything. Dr. Brown called on governments to prioritize prevention, as this is much cheaper than cure, and to do the basic things well, including promoting hygiene and investing in frontline health workers such as trained community health workers. He underscored the importance of transparency, accountability and responsible use of the significant resources being made available to the health sector.



Dr Donal Brown
Director East and Central Africa,
DFID

The intervention of the second panelist, **Dr. Adeiza Ben Adinoyi** focused on how the IFRC is protecting people’s lives through its network, which is linked to the work of other partners and governments, to sustain community-based actions in the prevention and response to health emergencies. The IFRC is already putting people first with its 1.8 million volunteers in 49 countries playing very active roles in the response to epidemics. He however lamented that this resource has not been fully tapped by WHO and governments. The IFRC has adopted a more holistic approach to epidemics and its resilience framework considers the livelihood, food security and risk management of the whole community.



Dr. Adeiza Ben Adinoyi
Head of the Africa Health and
Care Unit for the International
Federation of Red Cross and
Red Crescent Societies (IFRC) in
Nairobi, Kenya

Dr. Adinoyi underscored the importance of effective community engagement and accountability. He said that communities best know their problems and should be empowered and supported to establish their own structures, such as mothers’ clubs or youth clubs, and come up with their own solutions that can address their public health needs or other vulnerabilities. They should also be encouraged to stay connected to the health system.



Dr. John Nkengasong
Director, Africa CDC

The third panelist, **Dr. John Nkengasong** spoke about the roles the African Union Commission (AUC), the Regional Economic Communities (RECs) and other sub-regional organizations can play to mitigate cross border spread of diseases. He stated that Africa should accelerate the shift to national institutes of public health, as has been done in Liberia, and promote partnerships and collaboration across borders and regions. The RECs should take a lead in these efforts and ensure that countries are adequately prepared for the known and even the unknown epidemics. Dr. Nkengasong asked countries to take advantage of the AUC 2063 Road Map and the Africa CDC to dialogue around resilient health systems. This should involve all key stakeholders, including the private sector.



Dr. Rebecca Martins
Director, Centre of Global Health

The fourth panelist, **Dr. Rebecca Martins** spoke about how the Global Health Security Agenda (GHSA) is contributing to protecting the people of Africa against health security risks. She reported that GHSA was launched in 2014 before the Ebola epidemic. However, the Ebola epidemic accelerated its implementation and to date 58 countries have become members. GHSA supports country assessments and the identification of gaps followed by the development of evidence based national action plans. The assessments and the processes for the development of national plans should be country led and country owned.



Dr Emmanuel Ndahiro
Director, Rwanda Military Hospital,
Rwanda

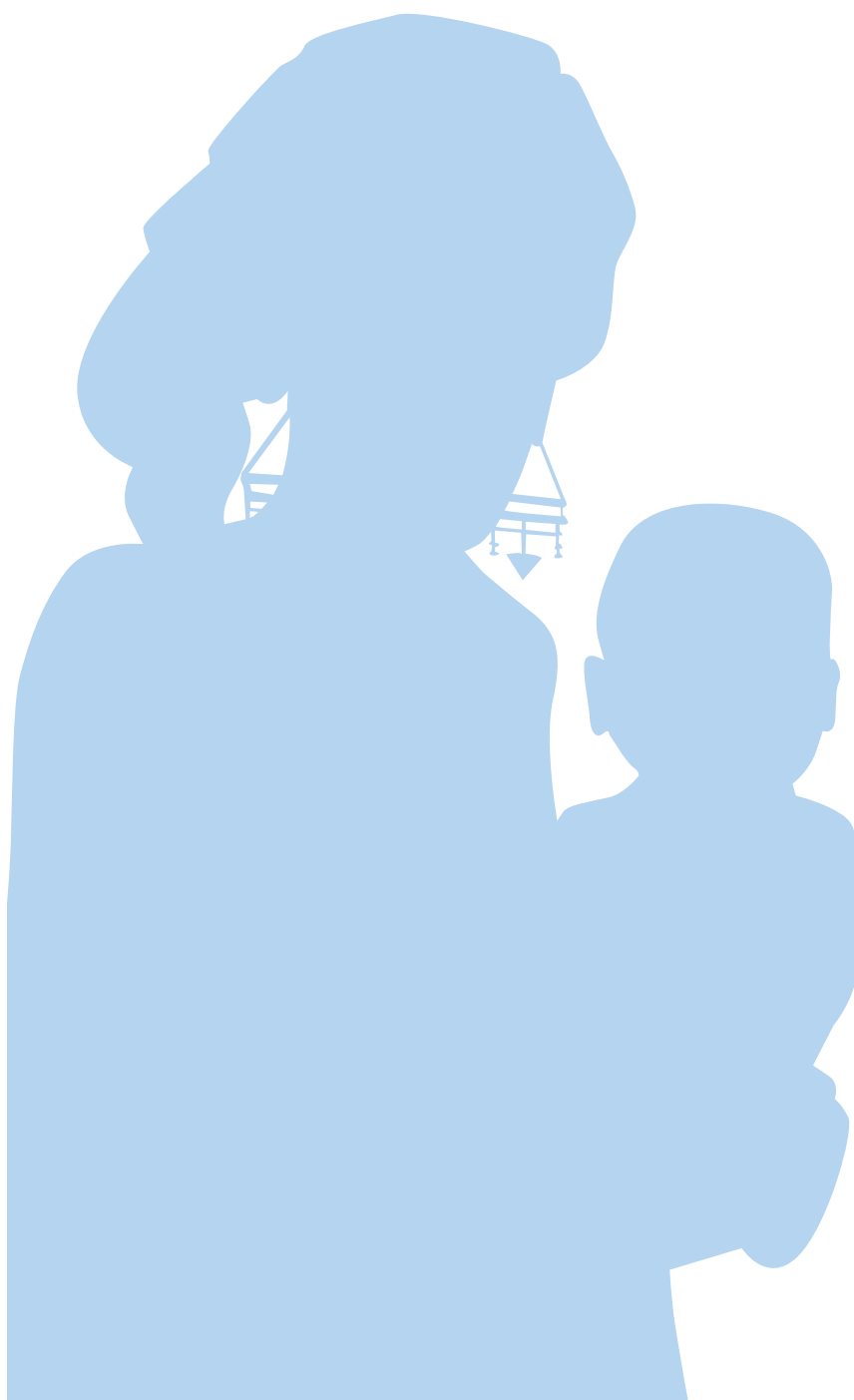
The fifth panelist, **Dr. Emmanuel Ndahiro** under-scored the importance of effective leadership in mobilizing key actors for a common purpose, including the processes for arriving at a decision, especially in responding to outbreaks and epidemics. He said it was important that processes for assembling people and agreeing on what needs to be done should be easy. He gave the example of how the Government of Rwanda convenes a retreat of all institutions, including community leaders, once a year to reach a consensus on strategic directions for the country. He spoke about the capacity of the military to provide health services and the innovations being implemented to take services to communities.

During the discussions involving the audience, the following additional points were made:

- Countries need to use the whole of government approach to proactively and efficiently prevent epidemics and to scale up the “One Health” approach so that human and animal health work closely together.
- Every effort should be made to get risk communication right to get communities fully engaged in the prevention and response to outbreaks and epidemics.
- Strengthened community-based surveillance systems, including the integration of Community Health Workers into formal syndromic surveillance systems will facilitate early detection of outbreaks and epidemics.

In concluding the session, Ms. Gichuru recalled the following quotes to buttress the need to prioritize and take concrete actions to ensure global health security.

- **“Even the best cooking pot will not produce food by itself”** – meaning, nothing will be created by itself. We have to start now to build resilient health systems.
- **“If you ran after two hares you will catch none”**: – meaning, we have to focus, we have to prioritize.
- **“A chattering bird builds no nest”** – meaning, we should stop talking for the sake of talking and start protecting the people of Africa from outbreaks and health emergencies.



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3.3 Session 3: Health Research, Innovation and data for Sustainable Development

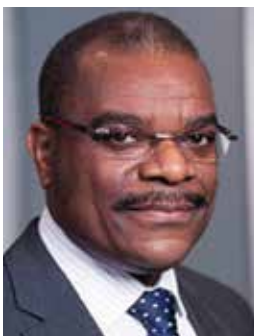
The African Region has a high burden of both communicable and non-communicable diseases. These are further complicated by demographic, economic, social, security and environmental changes that directly or indirectly impact on the health of the population. Strong national health systems are needed to deliver health care interventions to achieve UHC and the SDGs. Research for health was endorsed by the World Health assembly as a critical tool for sustainable development.

Despite its importance, priority is not given to health research and data, which results in low investment. Consequently several functions of the health research systems are either non-existent or weak. Furthermore, the research arena in the African Region is characterized by a multiplicity of actors, externally driven agenda, dispersed efforts and unclear results in relation to impact on priority health problems. In addition, the performance of health information systems in the WHO African region is sub-optimal. These challenges, if left unmitigated, will hinder the ability of the Region to generate and use evidence to guide its efforts towards the achievement of UHC and the SDGs.

The aim of the Session was to advocate for the use of health research, innovation and data as critical tools for sustainable development in the African Region.

The Moderator for the session was Mr. Henry Bonsu, Journalist and Broadcaster from the United Kingdom and the Keynote Speaker was Dr. Michael Makanga, Executive Director of the European and Developing Countries Clinical Trials Partnership, the Netherlands.

The panelists were Dr. Mary Amuyunzi Nyamongo, Director and Technical Adviser, African Institute for Health and Development, Kenya; Mr. Joseph B. Babigumira, Assistant Professor, Global Health and Pharmacy of the University of Washington, USA; and Professor Pontiano Kaleebu, Director of the Uganda Virus Research Institute.



Dr. Michael Makanga
EDCTP Executive Director

Mr. Henry Bonsu started the session by highlighting the need to understand the types of research required in countries, the infrastructure available, including mechanisms and tools for data collection, and the need for collaboration between the researchers and policy makers to generate evidence to inform policies and practice. In delivering the keynote address, **Dr. Michael Makanga** discussed the practicalities of generating local knowledge for decision making, research and funding priorities, sustainability aspects, and the input WHO makes into the promotion of evidence-based interventions.

Dr. Makanga stated that research and innovation, though neglected for a long time by African countries, are the key drivers of national development,

and that local knowledge needs to be made available for decision making. Although publications have increased by 10.3% each year in recent years, this has not translated into the conversion of evidence to policy and more needs to be done. He called on countries to invest more in the infrastructure for research and Innovation to ensure reliable research outcomes. He underscored the need to collect information from diverse sources, including vital registration systems, demographic and health surveys, verbal autopsies, health information management systems, and monitoring and evaluation systems. He also highlighted the need to establish reliable mechanisms for collecting routine data.

Dr. Makanga observed that while North-South collaboration was necessary, priority should be given to African-driven research and South-South collaboration should be more encouraged with focused investment. Research projects should be made more inclusive and prioritization of funding should be informed by mapping of the knowledge gaps through monitoring and stakeholder consultations. He stated that ideally, the African-driven research agenda should be set by local communities. North-South relationships have to be based on ethical approaches and be integrated into national systems such as Ethics Committees, National Regulators and National Research Councils. Dr. Makanga also underscored the importance of country ownership and coordination. He said that open data and free access to publications are particularly important for the African region, as many policy makers and implementers have no access to the information they need for evidence-based decision making. He called on donors to invest more in research in Africa and align their support with the priorities of countries and the continent. Considering that 90% of the global burden of diseases is in Lower Middle Income Countries, both research volume and funding seem to be insufficient to systemically address the health needs. Collaborative initiatives, social impact funds and public-private partnerships will be necessary for promoting research and innovation agenda on the continent. The coordination and monitoring of the African health research agenda by the WHO Regional Office for Africa and the African Union Commission needs to be reinforced.

In ending his keynote speech, Dr. Makanga stated that the Public-Private-Partnership with the South and with European countries should continue, while ensuring alignment and equity in the use of the available funding. There should be stakeholder involvement at all stages in the development and execution of the research agenda and every effort should be made to ensure that that the data generated from countries can influence policy change.

The first panelist, **Dr. Mary Amuyunzi Nyamongo** asked the Forum to consider the pertinent issues related to the processes for and the stakeholders involved in setting the national research agenda, and whose priorities and needs are being addressed; the existing platforms for researchers and policy makers to agree on the priorities; how policies are being informed by the existing evidence, including how the evidence is generated; and whether there is information on who is being left behind.

Dr. Nyamongo stated that with most of the funding primarily coming from outside the region, it was obvious that the research agenda was being set externally. She observed that funds allocated for research in the region



Dr Mary Amuyunzi-Nyamongo
Founder Director and Technical
Adviser for the African Institute for
Health and Development (AIHD)



Dr. Joseph B. Babigumira
Assistant Professor, Global Health
and Pharmacy, University of
Washington, Global Medicines
Program

was insufficient and that there was low uptake of evidence from research for policy-making. In addition, most of the data generated by NGOs were not readily available, nor published. Commenting on how brain drain was impacting on research capabilities in countries, Dr. Amuyunzu noted that a good proportion of the scientists who trained outside the region was coming back to Africa after having enriched their experience. She asked that such researchers should be duly recognised and incentivized to continue stay in the region.

The second panelist, **Mr. Joseph B. Babigumira** stated that research and innovation should be considered as a global public good. He emphasized the need for coordination of the research agenda at the global level in order to address the existing gaps that are related to regional and local specificities. He suggested that such gaps could best be addressed by conducting research at the health facility and community levels, with the involvement of people who will be affected, to inform action at the local level. Commenting on the hotly debated issue of brain drain, Mr. Babigumira noted that the scarcity of research opportunities in the region was one of the root-causes of the problem.



Professor Pontiano Kaleebu
Director, Uganda Virus Research
Institute (UVRI)

The third panelist, **Prof. Pontiano Kaleebu** agreed that the efforts being made and the resources allocated for producing evidence for policy decisions were insufficient. He underscored the importance of each country having a national strategic plan for research which could also serve as a tool for resource mobilization and advocacy for increased investments, and requested WHO to increase its advocacy around funding for research. He noted that information with local relevance could help pave the way for putting people first within the context of UHC.

Contributing to the discussions on brain-drain, Professor Kaleebu called for the creation of an enabling environment and for the ministry of health to work with the education sector to ensure that the training of scientists is aligned with national needs.

During the discussions involving the audience, the following points were made:

- “Brain drain” continues to be a problem in Africa and is a serious impediment to retaining knowledge and skills in the region. This needs to be addressed by governments, donors and development partners.
- WHO is supporting Member-States to increase capacity for and conduct health research through the provision of direct technical assistance for the development of national research policies and strategies; WHO Collaborating Centres which serve as research and innovation hubs, provision of seed grants to young scientists and researchers; publication of the African Barometer for Health Research to benchmark the level of countries’ efforts for research and innovation; and the dissemination of the Regional Strategy for Research and Innovation which offers comprehensive guidance to Member-States.

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3.4 Session 4: Making UHC work in Africa – how can the private sector contribute?

Strengthening existing partnerships and creating new connections are key to attaining UHC. To achieve this goal, partnering with the private sector is fundamental. A broad definition of the private sector can be described as, “comprising all providers who exist outside the public sector, whether their aim is for philanthropic or commercial purposes”.

Partnering with the private sector can take various forms, including financial risk-sharing ranging from technical assistance, to outsourcing, corporate social responsibility actions, financing, public-private partnerships advocacy, innovations, and local manufacturing. Private sector engagement is particularly important in low- and middle-income countries, where government resources may be inadequate to achieve national health goals. Private sector engagement should ideally maximize efficiency and innovation and expand coverage and equity, and allow governments and ministries of health to focus on areas of expertise and priority. Policymakers have to open the door for collaboration with the private sector, and private partners have to create innovative solutions that can expand access to health services in new ways.

The aim of the Session was to discuss the role, importance and added value of the private sector’s contributions to the efforts to achieve Universal Health Coverage.

The Moderator for the session was Ms. Julie Gichuru, Founder and Chief Executive Officer of Animus Media, Kenya. The panelists were Mr. Solange Hakiba, Deputy Director for Benefits of the Rwanda Social Security Board; Mr. Jithu Jose, General Manager of the Apollo Hospitals, India; Dr. Belay Begashaw, Director General of the SDG Centre for Africa, Rwanda; Ms. Adesimbo Ukiri, Managing Director and Chief Executive Officer of Avon Healthcare Limited, Nigeria; and Dr. Peter Okebukola, Associate Partner at McKinsey and Company, Nigeria.

Following a request by **Ms. Julie Gichuru** for the participants to show by hand those who were affiliated to the private sector, it was estimated that approximately 20% of the audience was from the private sector. Ms. Githuru underscored the importance of strengthening existing partnerships and creating new ones to attain the goal of UHC and affirmed that the private sector needed to be part of these partnerships. She stated that the private sector encompasses all providers who exist outside the public sector, whether their aim is for philanthropic or commercial purposes and that the private sector covers a wide range of organizations which can include technical assistance providers, Civil Society Organizations (CSOs), NGOs, Faith-Based Organizations (FBOs), community-based organizations (CBOs), and private companies.



Ms Julie Gichuru
Founder and Chief Executive
Officer of Animus Media



Dr Solange Hakiba
Deputy DG, Rwanda Social
Security Board

The first panelist, **Mr. Solange Hakiba** spoke about the experiences of the Rwandan Social Security Board (RSSB) in partnering with a range of private health care providers in the pharmaceutical, paramedical, laboratory and clinical services, and with workshops that manufacture orthopaedic devices. He indicated that RSSB manages health insurance schemes for both the formal and informal sectors, based on their needs and with their active participation. She underscored the importance of involving civil society in the identification of community members to be covered by government subsidies as the insurance scheme is being developed. She stated that health insurance should be made compulsory in all countries.



Mr. Jithu Jose
Senior Group General Manager,
Apollo Hospitals Group

Mr. Hakiba said that the purpose of RSSB's contracts with private sector institutions is to improve access to services by obtaining health care solutions directly from communities to fill the gaps in service delivery. One approach, involving the private sector, which is being used by the Government of Rwanda are the Health Posts operated by private individuals. Other approaches are outsourcing the skills of health workers and of medical equipment to private health facilities and contracting the Rwandan Army to provide health services. The Government of Rwanda has also been engaging the private sector to invest in health and now a Fortified Blended Food Factory has been set-up to help improve the nutrition status of children.



Dr. Belay Begashaw
Director General, SDG Africa
Centre

The second panelist, **Mr. Jithu Jose** discussed how the use of technology and innovation by the Apollo Hospitals Group is helping to provide quality and faster specialty health services at its institutions. One technological innovation being used is a web-based health records management system. He called on countries to develop Road Maps for the roll of eHealth solutions to community members to help accelerate progress towards the attainment of UHC.



Ms Adesimbo Ukiri
MD/CEO, Avon Healthcare
Limited, Nigeria

In describing the work of the SDG Centre for Africa, the third panelist, **Dr. Belay Begashaw** said that the Centre is an autonomous international organization that provides expertise and technical support to national governments, the private sector, civil society, and academic institutions towards the realization of the SDGs. He indicated that the Centre is not an implementing agency but is to support technical innovation and related issues. Dr Begashaw applauded the unprecedented convergence between the public and private sectors, including academic institutions, and recommended that this opportunity be exploited to maximize the delivery of services towards the attainment of the SDGs. He suggested that the public sector should concentrate on developing policies and regulatory systems while the private sector focuses on its areas of comparative advantage, including its ability to reach places where the public sector is unable to.

The fourth panelist, **Ms. Adesimbo Ukiri** reflected on what has to be done to institutionalize the role of the private sector towards UHC. She began by describing the three main services the Avon Group is providing – health insurance services, health care services through a network of hospitals and clinics, and philanthropic services through the Avon Foundation. Avon Healthcare Limited has been able to pull communities and resources

together so that underserved communities do not have to pay out-of-pocket expenses and Avon Foundation provides approximately 1,500 grants on a yearly basis of which 49% are awarded to the health sector.

Ms. Ukiri stressed the importance of having the right policies, legislation and regulatory framework in place to enable the private sector play a more effective role towards the attainment of UHC. This should include an efficient accreditation system with clear standards for health facilities. At the local governmental level, it would be important to institute community health schemes that are adapted to meet the needs of communities. To ensure sustainability, such schemes must be managed by both local government leaders and the elders of the community and be funded by the community members themselves. Ms Ukiri also highlighted the importance of building trust between the public and private sectors. This requires a change in both the mindset of all and in the public discourse on the role of the private sector.

The fifth panelist, **Dr. Peter Okebukola** spoke about what governments can do to help ease the private sector’s worries about investing in health, including guaranteeing economic benefits. He stated that governments need to acknowledge the existence of the private sector and the important services the sector delivers. Given that the private sector is not homogenous, governments must put in place regulatory frameworks that address their different needs, including those for profit and those not for profit. He suggested that governments need to be more proactive and forward looking when setting policies and regulatory frameworks.



Dr. Peter Okebukola
Associate Partner, McKinsey & Co

During the discussions involving the audience, the following points were made:

- Every effort should be made to build trust between the private sector and the public sector as this is crucial for the achievement of UHC. The national discourse on the private sector should change from an exploitative sector to a reliable partner.
- The health needs of the population keep on evolving and there is no way these needs can be met without the involvement of the private sector. It is the responsibility of governments to initiate and sustain the engagement of the private sector.
- There is a need to redefine the taxonomy and architecture of Public-Private-Partnerships to Partnership for Public Purposes. To address each gap, there is the need to define what needs to be done, what the purpose is, who should be the key partners, and what each partner will do. Such a redefinition of PPP would expand partnerships to include both partners for profit and not-for-profit.
- Community health workers are an essential part of the integrated Primary Health Care system. They serve as the link between the people and the health facilities and cannot replace health professionals. They need to be recognized, trained, tooled, remunerated and supervised, and their performance monitored.

PROCEEDINGS

3.5 Session 5: Old enemies (HIV, TB, Malaria), new threats (NCDs, Urbanization, Climate Change)

While facing a huge burden of communicable diseases, new threats such as non-communicable diseases and the impact of climate change are jeopardizing the human, social and economic development of African populations. In 2015, NCDs contributed 28% of total DALYs in the African region up from 18% in 2000. NCDs were responsible for about 33% of all deaths recorded in the African region. It is estimated that by 2030, NCDs will be responsible for 5 million deaths in the Africa region. Many of these are linked to the already large and existing burden of communicable diseases. In addition, climate change is worsening environmental conditions and exacerbating health vulnerabilities. The most significant manifestations are malnutrition, neglected tropical diseases, diarrhoea, malaria, and meningitis.

Equitable access to health care and prevention remains a distant goal in most countries. There is thus the need for a comprehensive and evidence-based coordinated response to the unfinished business of communicable diseases, the high burden of non-communicable diseases and address the climate change adaptation needs of African countries as well as environmental determinants of health.

The aim of the Session was to inspire African-led actions to address the challenges related to communicable, non-communicable diseases and the environmental determinants of health.

The Moderator for the session was Mr. Henry Bonsu, Journalist and Broadcaster of the United Kingdom. The panelists were Ambassador Macharia Kamau, Kenya's Ambassador and Permanent Representative to the United Nations; Professor Jean-Claude Mbanya, Professor of Medicine and Endocrinology, University of Yaounde, Cameroon; Mr. Pascal Nyamurinda, Mayor of Kigali, Rwanda; Hon. Dr. Mohammed Anwar Husnoo, Minister of Health and Quality of Life, Mauritius; and Professor Michael Marmot, Director of the Institute of Health Equity, United Kingdom.



Mr Henry Bonsu
Journalist and Broadcaster,
London, UK

In opening the session, **Mr. Henry Bonsu** stated that by the end of the MDG era, Africa had made considerable progress in combating communicable diseases such as HIV/AIDS, Tuberculosis, Malaria, Tuberculosis and Neglected Tropical Diseases (NTDs). However, new threats such as non-communicable diseases (NCDs) and the impact of climate change had emerged and were jeopardizing human, social and economic development. It was estimated that in 2015, NCDs contributed 28% of total DALYs in the African Region, up from 18% in 2000. NCDs were also responsible for about 33% of all deaths recorded in Africa in 2015. It is projected that by 2030, NCDs will be responsible for 5 million deaths in the region.

The first panelist, **Amb. Macharia Kamau** under-scored the inter-connections and linkages between the SDGs. He stated that after the long and complex debates and negotiations, he was very much satisfied that the journey to achieve the SDGs had started and implementation was well on its way. He emphasized that implementation must encompass all the 17 goals and strive to achieve all the targets, especially those under SDG 3, as all the SDGs are inter-linked and contribute to health. As the world addresses the old enemies, it must also address the old attitudes and thinking that drive the way business is done, especially as the new threats are being dealt with. Ambassador Kamau gave the example of Rwanda where a transformational change in the leadership and the attitudes of the people is making a difference in the quality of life of the people.



Ambassador Macharia Kamau
Amb and Permanent Rep to UN at Kenyan Mission

The Ambassador stated that the journey to achieve the SDGs could be derailed by factors beyond our control, such as climate change. However, nothing is beyond the power of human beings when the right decisions and actions are taken, including addressing climate change. He was of the view that climate change will intensify and bring risks and consequences to life and health, including the emergence of new diseases.

The second panelist, **Prof. Jean-Claude Mbanya** spoke about the key actions countries in Africa need to take in the prevention and control of non-communicable diseases. He underscored the importance of political will and effective leadership that is engaging, action-oriented and is able to rally all key stakeholders towards a common cause. He said that there was paucity of data on NCDs in the region and advocated for the gathering of more data to inform programming, including ensuring that NCD data are gathered during the conduct of National Demographic and Health Surveys.



Professor Jean Claude Mbanya
Prof of Medecine and Endocrinology, Yaounde, Cameroon

Professor Mbanya expressed concern about the apparent neglect of NCDs by national governments, citing the situation where most of the resources are allocated for the prevention and control of communicable diseases, including the provision of free treatment for some of them, while patients with NCDs have to pay high fees for their diagnoses and treatment. He called on ministries of health to make essential medicines available for both communicable and non-communicable diseases. Other actions to be taken, according to Professor Mbanya, include countries adopting the “best-buys” for NCDs, building the capacity of health workers, including community health workers, to provide services for NCDs, and enacting and enforcing legislation to control the risk factors for NCDs.

The third panelist, **Mr. Pascal Nyamurinda** described the efforts being made to maintain the city of Kigali as a “Healthy City”. He started by thanking WHO for selecting Kigali as the venue for the historic first WHO Africa Health Forum. The Mayor recalled the recent history of Rwanda when the country was almost completely destroyed, and the calculated decision and concerted efforts to transform the lives of the people.



Mr Pascal Nyamurinda
Mayor of Kigali, Rwanda

Mr. Nyamurinda said that some of the concrete actions taken include making changes to the existing public health and safety laws to enforce cleanliness and no-smoking in public places in the city. Monthly cleaning campaigns are being organized and coupled with tree-planting. Health care services have been made available and accessible through the

establishment of a health insurance scheme with a coverage of 98% in the city. A car-free street has also been designated and the citizenry encouraged to undertake regular exercises. The Mayor reiterated the need for a change in the mindset of, and a conscious effort by, the people, backed a legal framework, in the maintenance of any healthy city.



**Hon. Dr Mohammad
Anwar Husnoo**

Minister of Health and Quality of
Life of Mauritius

The fourth panelist, Hon. **Dr. Mohammed Anwar Husnoo** shared the experiences of Mauritius in addressing NCDs. With cardiovascular diseases, cancers, diabetes and chronic obstructive pulmonary diseases accounting for 80% of deaths in Mauritius, the Government has recognized NCDs as a major health problem. Indeed, in 2015 the prevalence rate of pre-diabetes, diabetes and high blood pressure were 19%, 22.85% and 28% respectively, while the prevalence rates of smoking and alcohol use were 19% and 53%, with only 23% of the population engaged in active exercise.

The Honourable Minister reported that his government has introduced legislation that controls the nature and content of foods and advertisements. Taxes on tobacco and alcohol are increased by around 5% to 10% every year, soft drinks are banned in schools and all the strategies recommended by the Framework Convention for Tobacco Control are being implemented. In addition, comprehensive services for the management of NCDs are in place.



Professor Sir Michael G. Marmot
Director of the Institute of Health
Equity (UCL Department of
Epidemiology & Public Health)

In responding to the question “what needs to be done to address the social determinants of health in order to achieve UHC”, the fifth panelist, **Prof. Michael Marmot**, stated that social injustice is at the core of inequality in public health and is having a very negative impact on the health and development of the people in Africa. He cited examples such as the capital flight from Africa to the developed world, the widening gap between the rich and the poor and the social strife and civil conflicts which often lead to displacement of populations.

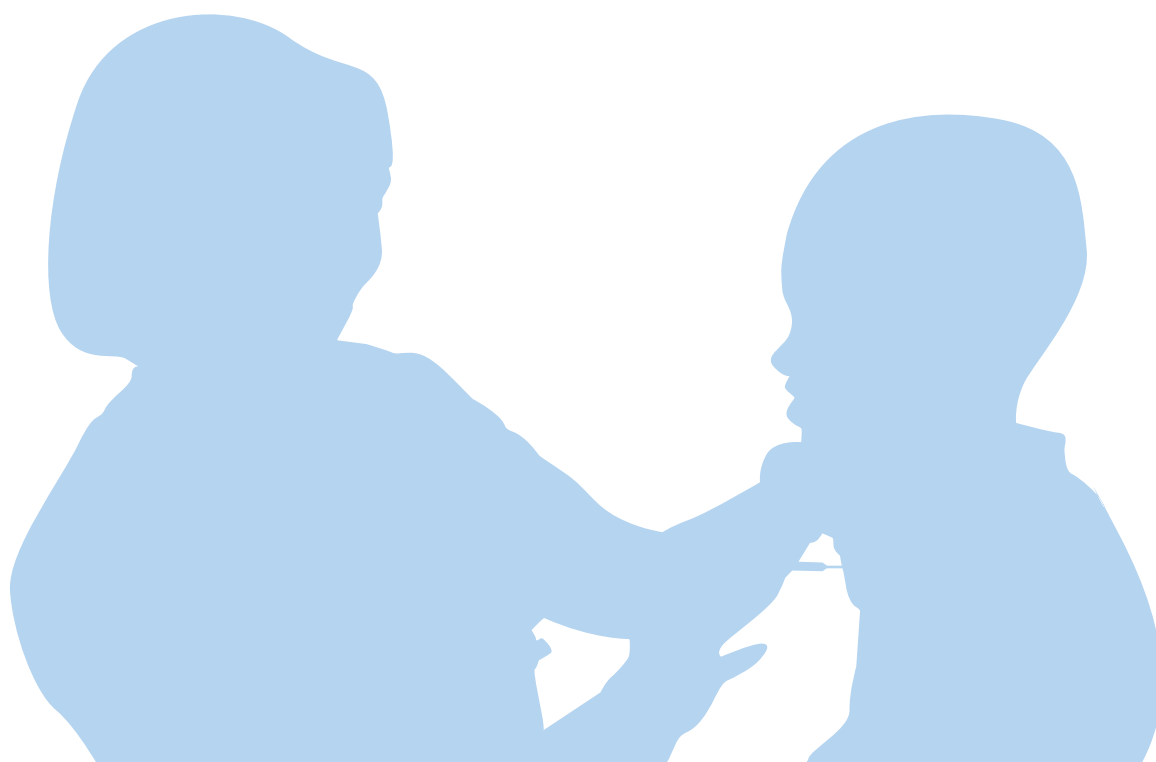
Professor Marmot indicated that the SDGs offer effective approaches for promoting good health. These include improving nutrition; reducing family sizes by empowering women through education and providing occupational opportunities; curbing epidemics; providing decent jobs; and eliminating poverty, sometimes through cash transfers. He explained that epidemics occur where governance is poor and famines occur as a result of social injustice and not because of the absence of food. He reiterated the need to educate the population at large to reverse negative behaviours and promote positive ones.

During the discussions involving the audience, the following points were made:

- Dealing with old enemies must include change in attitudes that drive the way we do business. The region should not only focus on communicable disease but also address NCDs and the determinants of health. This calls for new models for patient care, including for chronic care and palliative care, and traditional medicine.

- Addressing the social determinants of health is doable. Rwanda, through effective leadership, inter-sectoral actions and the active participation of the people, is a shining example for other African countries to follow.
- The commercial interests around fast foods, advertisements to promote cigarette smoking, the use of sugary drinks, alcohol and cooking oils, and others are real determinants of health and should receive due attention from national governments, including the enactment of legislation.
- Mental health should not be neglected and should be addressed as an integral part of NCDs with the aim of meeting the basic needs of the people, including their social needs, dignity, empowerment, and the control of their lives. The increasing stress of modern life will continue to increase the prevalence and incidence of mental health problems.

At the end of the session, participants were reminded of a quote from His Excellency President Paul Kagame – “*Use challenges as stepping stones: do the best you can do, and be the best you can be*”.



PROCEEDINGS

3.6 Session 6: Putting People First – bringing better health to Africa’s people

Countries in the African region have made commendable strides in health. However the newly adopted SDGs require greater efforts to ensure healthy lives and wellbeing for all. It is critical to improve the scope and mode of delivery of health services and also to address the existing inequities in order to have a meaningful impact on people’s lives.

The health sector interventions will need to be complemented by inter-sectoral action to effectively address the social, economic and environmental determinants of health. It is important to identify ways countries can optimize the multiplicity of stakeholders and the different resources to build a resilient health system that will sustainably address the health and wellbeing of the people without leaving anyone behind.

The aim of the Session was to harness and pull together the critical issues from the previous sessions and to propose a way forward in putting the people first in the pursuit to bringing health to Africa’s people.



Ms Gogontlejang Phaladi
Founder and Executive Director,
Gogontlejang Phaladi Pillar of
Hope Organization, Botswana

The Moderator for the session was **Ms. Gogontlejang Phaladi**, Founder and Executive Director, Gogontlejang Phaladi Pillar of Hope Organization, Botswana. The panelists were Dr. Timothy. G. Evans, Senior Director at the World Bank Group, Dr. Bernice Dahn, Minister of Health of Liberia; Dr. Mary Amuyunzu Nyamongo, Founder, Director and Technical Adviser, African Institute for Health and Development, Kenya; Dr. Solange Hakiba, Deputy Director General, Rwanda Social Security Board and Professor Michael Marmot, Director for the Institute of Health and Equity, United Kingdom.



Dr. Timothy G. Evans
Senior Director of Health,
Nutrition and Population, World
Bank Group

The first panelist, **Dr. Timothy G. Evans** reviewed six key actions that countries need to take to ensure sustained health gains. Firstly, countries need to **agitate** for funding for health. However, this needs to be based on evidence on the impact of poor financing on people’s health and the return on investments in health. Secondly, countries need to **cogitate** by regularly monitoring progress towards UHC, evaluating and sharing the findings and learning from one another. Thirdly, they need to **anticipate** change, as the ability to embrace change is critical for progress. Such changes include changes in demographic shifts, fertility, population ageing, population expectations, and preparedness for uncertainty and technologies.

Fourthly countries should recognize the importance of the **participation** of different actors and be able to embrace the private sector, and strengthen local, national and transnational governance. Fifthly, countries need to proactively play their leadership and stewardship role, lay out the vision and direction, and empower and **capacitate** all stakeholders to work in that direction. Sixthly, there is the need to **educate** various stakeholders, including the youth and as part of building careers, to learn how to appropriately express their values and needs for UHC.

The second panelist, **Dr. Bernice Dahn**, in reviewing the best mechanisms that can be put in place to harness inter-sectoral action in addressing the social determinants of health in complementarity to the efforts of the health sector, gave an example from Liberia to illustrate the need for inter-sectoral collaboration. She indicated that following a shortage of crops, the Minister of Health alerted the Minister of Agriculture of the need to attend to the root cause of the shortage. The Minister of Agriculture contacted the Minister of Finance for resources. No action was taken as funding was not readily available. The Head of State became aware of this and called for immediate remedial action. Eventually, the Minister of Health provided funding to the ministry of agriculture to resolve the problem.



Dr. Bernice Dahn
Minister of Health Liberia

Dr. Dahn said the example demonstrates the need for political leadership to ensure inter-sectoral action to address the social determinants of health. Partnerships among the different sectors and other stakeholders, including UN Agencies, are critical to drive the inter-sectoral and multi-sectoral collaboration and actions required. However, governments should be driving the process with the partners providing the needed support in a coordinated and non-competitive manner. There is also the need to clearly define the roles and responsibilities of all stakeholders and put in place mechanisms for mutual accountability. The Honourable Minister also underscored the need to promote decentralization by strengthening the capacity of local government structures and communities to actively participate in and contribute to the processes for addressing the grass-root causes of inequity.

The third panelist, **Dr. Mary Amuyunzu Nyamongo** reflected on the extent to which countries are rising to the occasion to meet the right to health, as stated in their national constitutions, by ensuring the availability of quality health services and equity in their use. Dr. Nyamongo indicated that there is the need to promote UHC through the life-cycle approach and target the respective needs of each stage of life in a coherent manner. It is also important to ensure a holistic approach to health by providing promotive, preventive, care and treatment, and rehabilitative services through partnerships with all stakeholders.



Dr Mary Amuyunzu-Nyamongo
Founder Director And Technical
Adviser For The African Institute
For Health And Development
(Aihd)

Dr. Nyamongo stated that without political leadership the right to health cannot be met. Political leaders need to lead by example and rally sector leaders like ministers and permanent secretaries to respond to the challenge of providing the services required for the attainment of UHC. She also underscored the importance of Primary Health Care in ensuring the right to health and called on governments to build the capacity of frontline health workers and empower communities and households to contribute in taking decisions about their own health, and finding solutions to their health problems, including contributing their own ideas and resources. She added that in order not to leave anyone behind, there is need to identify and target the poor and the marginalized and ensure their social protection through enrolment in health insurance schemes. She was emphatic that without the citizenry demanding health as a right, and sometimes taking the government to power, the right to health as enshrined in national constitutions will not be realized.



Dr Solange Hakiba
Deputy DG, Rwanda Social
Security Board

The fourth panelist, **Dr. Solange Hakiba** reflected on how investments in health could take advantage of the increasing youth population. She said it is important to educate the youth and make them active players in identifying their needs and in finding solutions, and not to tell them what they should do. For example, internships could be organized to allow the youth who are still in school to work and get acquainted with the existing systems and structures. The youth need to be real actors and not mere beneficiaries. Their knowledge of information technology is an asset that needs to be tapped to improve the health system, including applying digital solutions to address health problems.



Professor Sir Michael G. Marmot
Director of the Institute of Health
Equity (UCL Department of
Epidemiology & Public Health)

The fifth panelist, **Prof. Michael Marmot** reflected on the lessons that Africa can draw from the past efforts in PHC and MDGs in the pursuit of the SDGs, particularly SDG3. He stated that health and fair distribution of health tells how well the needs of society are met. On the whole the provision of health is improving in the areas of access, quality, outcomes and equity and outcomes. However, there is the need to address the global issues of inequality and climate change.

Professor Marmot said that in addition to providing for the health care needs of people as part of UHC, countries need to address the social needs of people such as food, water, hygiene, sanitation, and gender equality. These are basic social needs that everyone should have. It is only when such needs are adequately addressed that one can talk of improved health and health equity.

The Professor also spoke of the impact of peoples' behaviour on the environment, including damaging the planet with consequences like climate change and a negative impact on the health of others, and the need to address this. He stated that acting in disregard of the potential negative impact on the planet is equivalent to being immoral.

During the discussions involving the audience, the following points were made:

- Governments will need to increase their domestic funding for UHC. Domestic resource mobilization should start with efficient utilization of the available resources. Efficient taxation systems and reducing wastages, including the removal of ghost workers from the government payroll, can make additional resources available for domestic investments.
- Effective collaboration between the health sector and the agriculture sector through the "One Health" approach is a good way of ensuring health security. WHO deserves commendation for championing this approach.

4. CLOSING

The closing session saw a presentation of the **First WHO Africa Health Forum “Call-to-Action”** by the Director for Bio-Medical Services of the Rwanda Bio-Medical Centre, Dr. Jean Baptiste Mazarati.

Through the “Call-to-Action”, the Forum committed to:

- Keeping UHC as the overarching approach for attaining SDG3 in order to ensure healthy lives and promote well-being for all at all ages;
- Sustaining strong political will and commitment, increasing and sustaining domestic and external financial contributions and investments in health, including establishing innovative financing mechanisms, ensuring value for money and increased accountability;
- Building, re-orienting and re-aligning health systems towards UHC, with emphasis on primary health care, and maintaining effective systems to ensure improved financial protection and affordability for the most vulnerable populations, including women, children and the youth while intensifying focus on quality and equity;
- Strengthening health workforce development and sustainability, including community health workers, to deliver quality health services;
- Empowering people, including the youth, with the information, skills and resources that will enable them to actively engage in health policy development and maintain healthy environments, improve health literacy thereby making effective decisions about their own health and that of their families and communities;
- Placing stronger focus on building national core capacities for the International Health Regulations, including outbreak and emergency preparedness and active engagement of communities, while mobilizing strategic partners within and beyond the health sector to address the social and environmental determinants that influence vulnerability related to health emergencies;
- Establishing well-coordinated multisectoral regional emergency mechanisms and teams to support countries for prompt response to outbreaks and other health emergencies supplementing national capacities when needed;
- Strengthening advocacy and national capacity for health research, including setting the agenda, improving infrastructure, regulatory mechanisms and human capacity for the generation, analysis, synthesis and use of research and other health data, and mobilizing the required funding;
- Promoting, through partnerships, the use of new technologies, including innovative eHealth solutions to support the attainment of UHC;
- Establishing well-coordinated multi-sectoral monitoring and progress-tracking mechanisms to promote efficiency and accountability in delivering on key health-related commitments to achieve concrete results towards the attainment of UHC;
- Creating new opportunities for improved partnerships and an enabling environment that brings together the different stakeholders to undertake transformational change, including strengthening legislative frameworks, regulatory capacity and financial management, and reorienting public policy-making and the health workforce.

The full “Call-to-Action” is attached as Annex 2.

In her closing remarks, the WHO Regional Director for Africa, Dr. Matshidiso Moeti stated that she was immensely gratified for the commitment to, through the Africa Health Forum “Call-to-Action”, stronger collaboration and engagement among all

stakeholders behind the goal of achieving UHC to ensure improved financial protection for the most vulnerable people in countries and thus leaving no one behind.

She thanked His Excellency Paul Kagame, the President of Rwanda, and the people of Rwanda for successfully hosting the inaugural Forum, the Right Honourable Prime Minister Anastase Murekezi for opening the event, and the Honourable Minister of Health, Dr Diane Gashumba, for her support and full participation in the Forum.

The Regional Director recalled that when she took office in 2015 she committed to, as part of her Transformation Agenda, pursuing partnerships, results and transparency as key ways for WHO in the African Region to do business to deliver on its mandate of improving the health of the people. She indicated that her vision has taken a giant step to becoming a reality by the successful organization of the Forum which converged a diverse audience and expert panels with lively contributions on how to promote health equity in Africa.

In providing an overview of the key conclusions of the Forum, The Regional Director said there was general agreement that:

- UHC will bring a fairer deal for African people, reducing poverty through better health – which makes economic sense to governments, development partners and the private sector alike.
- Promoting equity and social justice can tip the scales to allow essential health and related services for all people, with improved coverage and equitable access, making sure they do not get impoverished and minimal financial barriers.
- Innovations, including the use of information technology, and home-grown solutions will be required in the quest to reach UHC.
- Health is a human right and every effort need to be made to get the basics right at local level, including the use of community health workers as a valuable resource in prevention, surveillance and early responses to outbreaks.

- The private sector has an important role to play in taking UHC forward by helping to advance health at a much faster rate, within the context of strong regulatory frameworks and mutual trust.
- Partnerships, including active engagement of the youth, and inter-sectoral actions are critical towards the attainment of UHC.
- Transparency, accountability and “value for money” should underpin the use of the available resources, and that prevention is cheaper and better than treating people.

The Regional Director announced that WHO will partner with the ITU to scale up ICT services for health in Africa to improve the quality of life and reduce equity gaps.

She also announced that WHO AFRO plans to hold the Forum biennially as a way of leveraging with all stakeholders and planning how to work together to deliver the best health outcomes for Africa's people.

In closing, Dr. Moeti paid tribute to the moderators, panelists and to the participants for contributing to the success of the Forum. She also thanked the Rwandan Minister of Health and the WHO Representative to Rwanda and their teams, the WHO Secretariat from the Regional Office and the partners for all their contributions and support.

Dr Moeti ended her closing address by reiterating her commitment to, as part of the Transformation Agenda of the WHO Secretariat in the African, to demonstrating results, using funds efficiently and being transparent in the WHO African Region.

The Forum was officially closed jointly by the WHO Regional Director for Africa, Dr. Matshidiso Moeti and the Honourable Minister of Health of Rwanda, Dr. Diane Gashumba.



ANNEXURES



ANNEX I: Programme of Work

DAY I: 27 JUNE 2017		
09.00 – 10.00 hrs.	Registration	
10.00 – 11.00 hrs.	Opening Ceremony	
	Master of Ceremony:	Dr. Jean Pierre Nyemazi, Permanent Secretary, Ministry of Health
	Welcome Remarks:	Dr. Matshidiso Moeti, WHO Regional Director for Africa
	Remarks:	Dr. Diane Gashumba Minister of Health, Rwanda
	Keynote Address:	H.E. Anastase Murekezi Prime Minister, Republic of Rwanda
11.00 – 11.30 hrs.	Health Break and Networking	
11.30 – 13.00 hrs.	Session 1: Health financing: Getting value for the money - Taking financial responsibility for our own Health	
	Moderator:	Mr. Andrew Mwenda Journalist and Founder, the Independent, Uganda
	Keynote Speaker:	Dr. Timothy G. Evans Senior Director, The World Bank Group, USA
	Panelists:	Amb. Claver Gatete Minister of Finance, Rwanda
		Hon. Sarah Opendi Minister of State for Health, Uganda
		Dr. Githinji Gitahi Group CEO, Amref Health Africa Headquarters, Kenya
Mr. Carl Manlan COO, Ecobank Foundation, Ghana		
	Mr. Fletcher Tembo Director, Making All Voices Count Programme, Kenya	
13.00 – 14.30 hrs.	Lunch and Networking	
13.30 – 14.30 hrs.	Side Event – eHealth	
	Moderator:	Dr. Delanyo Dovlo Director, Health Systems and Services, WHO/AFRO
	Co-Chairs:	Mr. Andrew Rugege ITU Regional Director
		Dr. Matshidiso Moeti WHO Regional Director for Africa
	Panelists:	Mr. Dieudonne Nkoche Permanent Secretary, Ministry of Health, Gabon
Hon. Dra. Nazira Karimo Vali Abdula Minister of Health, Mozambique		

	Panelists:	Hon. Jean Philbert Nsengimana Minister of ICT and Youth
		Dr. Davies Kimanga Deputy Branch Chief, Health Systems & Evaluation, CDC
14.30 – 16.00 hrs.	Session 2: Global Health Security: Protecting the People of Africa	
	Moderator:	Ms. Julie Gichuru Founder & CEO, Animus Media, Kenya
	Keynote Speaker:	Dr. Bernice Dahn Minister of Health, Liberia
	Panelists:	Dr. Donal Brown Director, East and Central Africa, DFID, UK
		Dr. Adeiza Ben Adinoyi International Federation of the Red Cross, Kenya
		Dr. John Nkengasong Director, Africa CDC
		Dr. Rebecca Martins Director of the Centre of Global Health, CDC, USA
		Dr. Emmanuel Ndahiro Director, Rwanda Military Hospital, Rwanda
16.00 – 16.30 hrs.	Health Break and Networking	
16.30 – 18.00 hrs.	Session 3: Health research, innovation and data for sustainable development	
	Moderator:	Mr. Henry Bonsu Journalist & Broadcaster, UK
	Keynote Speaker:	Dr. Michael Makanga Executive Director, European & Developing Countries Clinical Trials Partnership, the Netherlands
	Panelists:	Dr. Mary Amuyunzi Nyamongo Director and Technical Adviser, African Institute for Health and Development, Kenya
		Mr. Joseph B. Babigumira Assistant Professor, Global Health and Pharmacy, University of Washington, USA
		Professor Pontiano Kaleebu Director, Uganda Virus Research Institute, Uganda
18.00 – 19.00 hrs.	Side Event – Engaging Africa’s Youth to achieve UHC	
	Moderator:	Dr. Waruguru Wanjau Medical Doctor, Kenya
	Opening Remarks:	Dr. Matshidiso Moeti WHO Regional Director for Africa
	Panelists:	Dr. Githinji Gitahi CEO, Amref Health Africa, Kenya
		Dr. Peter Okebukola Associate Partner, McKinsey & Company, Nigeria

18.00 – 19.00 hrs.	Side Event – Engaging Africa’s Youth to achieve UHC	
		Mrs. Abam Gladys Mambi-Doh Director, Africa Ethics & Compliance Africa, GlaxoSmithKline, South Africa
		Dr. Magnifique Irakoze Regional Coordinator for Africa, International Federation of Medical Students’ Associations

DAY 2: 28 JUNE 2017		
08.00 – 09.00 hrs.	Registration	
09.00 – 10.30 hrs.	Session 4: Making UHC work in Africa - How can the private sector contribute?	
	Moderator:	Ms. Julie Gichuru Founder & CEO, Animus Media, Kenya
	Panelists:	Mr. Solange Hakiba Deputy Director, Benefits, Rwanda Social Security Board, Rwanda
		Mr. Jithu Jose General Manager, Apollo Hospitals, India
		Dr. Belay Begashaw Director General, SDG Centre for Africa, Rwanda
		Ms. Adesimbo Ukiri MD/CEO, Avon Healthcare Limited, Nigeria
Dr. Peter Okebukola Associate Partner, McKinsey & Company, Nigeria		
10.30 – 11.00 hrs.	Health Break and Networking	
11.00 – 12.30 hrs.	Session 5: Old enemies (HIV, TB, Malaria), new threats (NCDs Urbanization, Climate change)	
	Moderator:	Mr. Henry Bonsu Journalist & Broadcaster, UK
	Panelists:	Ambassador Macharia Kamau Kenya’s Ambassador & Permanent Representative to the UN, USA
		Prof. Jean-Claude Mbanya Professor of Medicine & Endocrinology, University of Yaounde, Cameroon
		Mr. Pascal Nyamurinda Mayor of Kigali, Rwanda
		Hon. Dr. Mohammed Anwar Husnoo Minister of Health & Quality of Life, Mauritius
Prof. Michael Marmot Director, Institute of Health Equity, UK		
12.30 – 14.00 hrs.	Lunch and Networking	

14.00 – 15.00 hrs.	Special Event – Adolescent Health	
	Master of Ceremony:	Dr. Jeanine Condo Director General, Rwanda Biomedical Centre
	Moderator:	Ms. Gogontlejang Phaladi Development Practitioner, AfriYAN
	Opening Remarks:	Dr. Matshidiso Moeti WHO Regional Director for Africa
	Keynote Speaker:	H. E. Janet Kagame First lady, Republic of Rwanda
	Panelists:	Mr. Sylvain Uhirwa Medical Doctor, Activist & Social Entrepreneur Mr. Patrick Sewa Mwesigye Country Director, AfriYAN
Panelists:	Dr. Felicitas Zawaira Director, Family and Reproductive Health, AFRO	
	Dr. Julita Onabanjo Regional Director for Eastern and Southern Africa UNFPA	
15.00 – 16.30 hrs.	Session 6: Putting people first - bringing better health to Africa's people	
	Moderator:	Ms. Gogontlejang Phaladi Founder and Executive Director, Gogontlejang Phaladi Pillar of Hope Organization, Botswana
	Panelists:	Dr. Timothy. G. Evans Senior Director, World Bank Group, the World Bank Group
		Dr. Bernice Dahn Minister of Health, Liberia
		Dr. Mary Amuyunzu Nyamongo Founder, Director and Technical Adviser, African Institute for Health and Development, Kenya
		Dr. Solange Hakiba Deputy Director General, Rwanda Social Security Board, Rwanda
Professor Michael Marmot Director, Institute of Health & Equity, UK		
16.30 – 17.00 hrs.	Health Break and Networking	
17.00 – 18.00 hrs.	Closing Ceremony	
	Presentation of the AHF "Call to Action":	Dr. Jean Baptiste Mazarati Director, Bio-Medical Services, Rwanda Bio-Medical Centre
	Closing Remarks:	Dr. Matshidiso Moeti, WHO Regional Director for Africa
Dr. Diane Gashumba Minister of Health, Rwanda		

ANNEX 2: The First WHO Africa Health Forum

We, participants at the first-ever Africa Health Forum, convened by the World Health Organization Regional Office for Africa, and hosted by the Government of the Republic of Rwanda, from 27 to 28 June 2017 in Kigali, Republic of Rwanda;

Cognizant of our broad representation of the African people: Leaders and policy makers, ministries of health and finance, development partners, inter-governmental agencies, including United Nations Agencies, the African Union Commission and Regional Economic Communities, the private sector, academia, philanthropic foundations, youth and women organizations, nongovernmental organizations, civil society organizations and the media;

Mindful of the theme of the Forum, “**Putting People First: The Road to Universal Health Coverage in Africa**” and Africa’s commitment to attain the highest possible level of health for its people as articulated in the WHO Constitution, the African Union Health Strategy 2016 – 2030 and Agenda 2063, and the Transformation Agenda of the WHO African Region;

Acknowledging the progress made in health outcomes – improved life expectancy at birth, reductions in adult mortality rate, under-five mortality rate and maternal mortality ratio – due to better availability, coverage and utilization of health services;

Concerned that despite the progress made, inequities in service provision still persist, with a high burden of communicable diseases such as HIV, TB, Malaria and NTDs, as well as noncommunicable diseases; and numerous public health emergencies that have the potential to destroy health systems and communities, disrupt national economic activities and threaten peace and security abound; all against the backdrop of a demographic transformation with rapid urbanization and climate change; and that there is

limited focus on interventions that affect health but are out of the control of ministries of health;

Recalling the adoption, in September 2015, of the Sustainable Development Goals (SDGs) in general and SDG3 in particular – “*ensure healthy lives and promote well-being for all at all ages*” – especially with Universal Health Coverage (UHC), defined as “*all people receiving the good-quality promotive, preventive, curative, rehabilitative and palliative services they need without suffering financial hardship in so doing*” as one of its targets;

Recognizing that the 2030 Agenda for Sustainable Development will require health systems strengthening, which includes implementing

the “Global Strategy on Integrated People-Centered Services” and ensuring public health security, including better preparedness and response to disease outbreaks and epidemics and other public health emergencies;

Reaffirming our commitment to putting people first, promoting synergies and coordination and engaging all stakeholders behind the goal of achieving UHC, while leaving no one behind;

Hereby commit ourselves, individually and collectively, to:

- Keeping UHC as the overarching approach for attaining SDG3 in order to ensure healthy lives and promote well-being for all at all ages;
- Sustaining strong political will and commitment, increasing and sustaining domestic and external financial contributions and investments in health, including establishing innovative financing mechanisms, ensuring value for money and increased accountability;

“Call-to-Action” – Putting People First: The Road to Universal Health Coverage in Africa

Kigali, Republic of
Rwanda

- Building, re-orienting and re-aligning health systems towards UHC, with emphasis on primary health care, and maintaining effective systems to ensure improved financial protection and affordability for the most vulnerable populations, including women, children and the youth while intensifying focus on quality and equity;
 - Strengthening health workforce development and sustainability, including community health workers, to deliver quality health services;
 - Empowering people, including the youth, with the information, skills and resources that will enable them to actively engage in health policy development and maintain healthy environments, improve health literacy thereby making effective decisions about their own health and that of their families and communities;
 - Placing stronger focus on building national core capacities for the International Health Regulations, including outbreak and emergency preparedness and active engagement of communities, while mobilizing strategic partners within and beyond the health sector to address the social and environmental determinants that influence vulnerability related to health emergencies;
 - Establishing well-coordinated multisectoral regional emergency mechanisms and teams to support countries for prompt response to outbreaks and other health emergencies supplementing national capacities when needed;
 - Strengthening advocacy and national capacity for health research, including setting the agenda, improving infrastructure, regulatory mechanisms and human capacity for the generation, analysis, synthesis and use of research and other health data, and mobilizing the required funding;
 - Promoting, through partnerships, the use of new technologies, including innovative eHealth solutions to support the attainment of UHC;
 - Establishing well-coordinated multisectoral monitoring and progress-tracking mechanisms to promote efficiency and accountability in delivering on key health-related commitments to achieve concrete results towards the attainment of UHC;
 - Creating new opportunities for improved partnerships and an enabling environment that brings together the different stakeholders to undertake transformational change, including strengthening legislative frameworks, regulatory capacity and financial management, and reorienting public policy-making and the health workforce.
- Call upon:**
- **Governments** to provide leadership and stewardship for actions aimed at creating consultative planning platforms and regulatory frameworks for the attainment of UHC;
 - **Governments** to increase domestic investments; mobilize and coordinate all stakeholders for a common purpose; forge partnerships with bilateral and multilateral agencies, the private sector and civil society; and monitor and report progress;
 - **WHO** to intensify its advocacy and convening role across governments, foundations, civil society, academia and the private sector to ensure that the SDGs in general, and UHC in particular, remain at the top of the political and development agenda, and that adequate domestic and external resources are mobilized;
 - **The African Union Commission** to intensify its advocacy and convening role with African leaders and governments and ensure that the highest political will and commitment are mobilized and sustained for UHC and the SDGs;
 - **WHO, other UN agencies and partners** to support countries to sustain focus on accelerating efforts to address the burden of HIV, TB, malaria and NTDs; building on the progress made in reducing maternal mortality and addressing women's health;

and ensuring that resources are mobilized for health research, non-communicable diseases and the social determinants of health;

- **WHO and the International Telecommunication Union (ITU)** to support the scaling up of eHealth solutions in the context of UHC and the SDGs;
- **Development partners** to increase their investments in UHC, including in health security, and improve resource alignment to country priorities as set out by governments, in line with the Paris Declaration on aid effectiveness;
- **The private sector** to increase its investment in health, while making the most of opportunities and mechanisms such as research and development, public-private partnerships, local manufacturing of health products, direct technical assistance and corporate social responsibility actions;
- **WHO and the African Union Commission** to help strengthen the capacity of Member States, facilitate and support the sharing of country experiences and establish mechanisms for monitoring progress towards the realization of the actions as set out in this “Call-to-Action”;

Thank His Excellency Mr. Paul Kagame, the President of the Republic, the Government and People of Rwanda for successfully hosting the First Africa Health Forum;

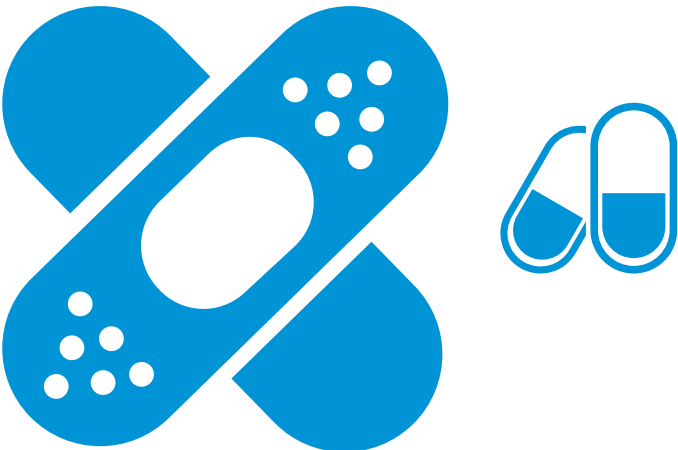
Request the WHO Regional Director for Africa to extend the congratulations of the “Africa Health Forum” to the newly elected WHO Director General, Dr Tedros Adhanom Ghebreyesus;

Request the WHO Regional Director for Africa to present this “Call-to-Action” to the Sixty-seventh Session of the WHO Regional Committee for Africa;

Request the WHO Regional Director for Africa to establish a biennial platform to engage key stakeholders in reviewing progress towards the health-related SDGs and in identifying common strategies to expedite the achievement of UHC.

Done at Kigali on 28 June 2017





ANNEX 3: Report – Side Event on eHealth

Information and Communication Technology (ICT) is already transforming how health care is delivered and how health systems are run. For ICT to help achieve UHC and the SDGs, and to ensure healthy lives and promote well-being for all people for the African region, there is the need to consolidate existing efforts and resources towards making available ICT foundations and platforms, a requirement for providing and scaling up eHealth services. It is also critical to build a capable workforce to effectively use ICT.

The aim of the Side Event was to review the multi-stakeholders’ partnership models that can bring about sustainable adoption of eHealth in the Region. The Moderator for the Side Event was Dr. Delanyo Dovlo, Director for Health Systems and Services, WHO Regional Office for Africa. The Co-Chairs were Mr. Andrew Rugege, International Telecommunications Union Regional Director for Africa and Dr. Matshidiso Moeti, WHO Regional Director for Africa.

The panelists were Mr. Dieudonne Nkoche, Permanent Secretary of the Ministry of Health of Gabon. Honourable Dra. Nazira Karimo Vali Abdula, Minister of Health of Mozambique, Honourable Jean Philbert Nsengimana, Minister of Information and Communication Technology and Youth of Rwanda and Dr. Davies Kimanga, Deputy Branch Chief for Health Systems and Evaluation, US Centres for Disease Control and Prevention in Kenya.

The first Co-Chair, **Mr. Andrew Rugege** started his opening remarks by giving a brief update on the International Telecommunications Union (ITU), a specialized agency of the United Nations for Information and Communications Technology. The ITU plays a unique role in leveraging the private sector and ICT infrastructure to harness digital health for achieving UHC and also for narrowing the equity gap. He said that the ITU has had a long-standing relationship with WHO in bringing ICT to bear on health, including joint projects such as the “Be He@lthy, be Mobile Project” that is currently being implemented in three African countries to prevent NCDs.

Mr. Rugege spoke about how ICT has the capacity to improve the quality of life. He cited the use of mobile technologies for disease control, including surveillance and response to epidemics and for the prevention and management of diseases. He stated that the ITU and WHO/AFRO is starting a joint initiative that will focus on building the capacity of the health workforce to use ICT for health in Africa.

The second Co-Chair, **Dr. Matshidiso Moeti** recalled the several resolutions adopted by the World Health Assembly and the WHO Regional Committee for Africa in support of eHealth in the past. She added that the Action Framework adopted during the first “Forum for Strengthening Health Systems for the SDGs and UHC” which took place in Windhoek in December 2016 identified eHealth as critical component of health systems. Dr. Moeti indicated that more and more countries in the African region continue to utilize eHealth systems as part of regular health services provision. These include the provision of text messages



Mr. Andrew Rugege
IT Regional Director for Africa,
International Telecommunications
Union



Dr Matshidiso R. Moeti
Regional Director, WHO AFRO

on mobile phones to remind patients of their appointments and to improve access to information, provision of telehealth services, particularly for patients in rural communities, and the several E-learning initiatives underway across the Region. However, there are persisting challenges related to interoperability, ICT infrastructure and financial resources to scale up eHealth, connectivity, low eHealth capacity in the health sector, and the presence of multiple silo eHealth pilot projects that do not reach maturity.

Dr. Moeti stated that the partnership between WHO AFRO and the ITU will help address these challenges and support Member States to make full and sustainable use of ICTs in health service delivery for improved individual health and for populations, particularly underserved communities and remote populations.



Mr. Dieudonne Nkoche
Permanent Secretary of the
Ministry of Health of Gabon

The first panelist, **Mr. Dieudonne Nkoche** spoke about the work done around digital health services in Gabon and how the private sector has been mobilized to support the scaling up of eHealth. He reported that the Government of Gabon has invested massively by putting fibre-optic cables throughout the country and with the support of the World Bank all secondary and tertiary government health facilities have been connected. This has led to improved collection and transmission of health information at these health facilities.



Hon. Dr. Nazira Karimo Vali Abdula
Minister of Health of the
Government of the Republic of
Mozambique

Mr. Nkoche also spoke about the hospital reforms that have been initiated, including the introduction of a unique patient identifier to allow real-time information on the health of patients in all linked health facilities. The private sector is playing a major role in these reforms and public-private-partnerships are being established with telecom companies to provide digitization, information protection, training and support.

The second panelist, **Hon. Dra. Nazira Karimo Vali Abdula** spoke about the experience of the Mozambican Ministry of Health in leveraging the existing ICT infrastructure for eHealth in order to accelerate progress towards UHC and the SDGs. She said that eHealth is an essential component of health service delivery in her country. The first eHealth component was started in 1992 with a digitized reporting system. Other eHealth solutions being implemented, with the support of 3 telecom operators, are around telemedicine, eLearning and mHealth.



Hon. Jean Philibert Nsengimana
Minister of Information
Communication Technology,
Rwanda

Dr. Abdula reported that in 2014, an electronic health record system was introduced, which also serves as a monitoring and evaluation system at district level. This platform was developed and is being managed by local staff within the framework of government policy and it is the only official reporting system in the country. She stated that her government is fully committed to eHealth and is working towards addressing the challenges related to coordination, capacity building and a regulatory framework.

The third panelist, **Honourable Jean Philibert Nsengimana** reflected on how critical it is for ministries of health to collaborate and leverage capacity within other ministries, especially with the ministries responsible for ICT, for a sustained multi-sectoral collaboration for eHealth. He recalled the disruptions in internet services when the ransom software virus attached

several computers on 12 May 2017. This led to chaos in the provision of health and emergency services in some parts of the world, including the National Health Service in the United Kingdom. He emphasized that, in the current world, the use of ICT cannot be divorced from routine daily life and that collaboration and coordination among all sectors is extremely critical.

The minister suggested three main areas where collaboration is required. Firstly, at the strategic level, there is the need to ensure that a national eHealth strategy is developed as this does not exist in about 31 % of the countries in Africa. The roles of the ministries of health and communications in the development of national digital health strategies are complementary as the ministry of health knows the challenges while the ministry of communications knows the possible solutions.

Secondly, there is the need to use ICT innovations in the delivery of health services. He gave examples such as the use of the IBM Watson computer programme to make diagnoses of diseases more accurately than medical doctors and the use of drones to transport blood for transfusion and other emergency supplies to remote areas within the shortest possible time. Thirdly, there is the need to build capacity in ICT among health workers and to provide knowledge on health to ICT professionals. Health and ICT professionals need to talk more to each other. The Minister requested the WHO Regional Director for Africa to make eHealth a plenary topic during the 2nd WHO Africa Health Forum.

The fourth panelist, **Dr. Davies Kimanga** spoke about what governments can do to facilitate the provision of support for eHealth by development partners. He lamented how some partners have contributed to the “pilotitis” of eHealth projects in the region and called for stronger coordination between governments and partners. He stated that governments must ensure national leadership for eHealth by establishing governance and coordination structures, developing national eHealth policies, strategic plans and guidelines and also allocating some resources. It is only then that development partners could be encouraged to provide support for eHealth in alignment with national priorities and strategies.

There was no time for an open discussion involving the audience.



Dr. Davies Kimanga
Deputy Chief for Health Systems
and Evaluation at the CDC in
Nairobi, Kenya,



ANNEX 4: Report – Side Event on Youth: Engaging Africa’s Youth to achieve Universal Health Coverage

Africa is the continent with the world’s youngest population, with 70% of the region’s population being under the age of 30 years. Involving this demographic group by providing a platform for them to share their perspectives and contributions in policy issues is key to the success of the region. Involving youth in the development of the policy agenda allows them to shape their own future and contribute to various policy decisions that affect them and whose consequences they will bear for an extended period of time.

The aim of the Side Event was to discuss how young people can be engaged in shaping their own health agenda towards UHC.

The Moderator for the Side Event was Dr. Waruguru Wanjau, a Medical Doctor from Kenya. The panelists were Dr. Githinji Gitahi, Group Chief Executive Officer of Amref Health Africa in Kenya; Dr. Peter Okebukola, Associate Partner at McKinsey and Company, Nigeria; Mrs. Abam Gladys Mambo-Doh, Director, Ethics and Compliance Africa, GlaxoSmithKline, South Africa; and Mr. Magnifique Irakoza, Regional Coordinator for Africa, International Federation of Medical Students Associations, Rwanda.

In her opening remarks, **Dr. Matshidiso Moeti** stated that Africa is the only region in the world where the population as a whole is getting younger. People under the age of 18 make up 50% of the population in 15 countries in sub-Saharan Africa, hence the need to harness their energy and potential in the efforts to attain UHC. The youth are Africa’s future leaders and must be present at the decision making table as their health is being deliberated upon and policy decisions are being taken. Dr. Moeti underscored the importance of empowering young people to contribute to their health decision making process, saying that this is in line with the African Union strategy on building on the momentum towards UHC by harnessing the demographic dividend presented by the youth.

The first panelist, **Dr. Githinji Gitahi** proposed ways in which the engagement of young Africans can be better harnessed. These include involving the youth in the deliberations and formulation of policies in all key areas, including health governance, financing, research, and others; training them in leadership and management and as advocates for resource mobilization and accountability; and empowering them to hold governments accountable.

The second panelist, **Dr. Peter Okebukola** under-scored the need to improve capacity building for the youth to enable them engage more effectively in the efforts towards the attainment of UHC. He encouraged the youth to take the initiative for and ownership of their engagement and be drivers for change. He requested WHO to bring young people together for capacity building in leadership.



Dr. Matshidiso R. Moeti
Regional Director, WHO AFRO



Dr. Githinji Gitahi
Group CEO, Amref Health Africa



Dr. Peter Okebukola
Associate Partner, McKinsey & Co



Dr Abam Gladys Mambo-Doh
Ethics & Compliance Director,
Durham, SA

The third panelist, **Mrs. Abam Gladys Mambo-Doh** spoke about how young women can be engaged to be part of the decision-making process. She stated that women are key stakeholders and need to be engaged with within the context of the roles they play. These include engaging women as patients; caregivers; frontline community health workers, particularly in rural areas; health care providers, and as policy makers to help define their health priorities.

The fourth panelist, **Mr. Magnifique Irakoza** observed that in the past the youth were just used but not engaged. He stated that the youth across the continent do not want to be beneficiaries but be part of decision making. The youth should be empowered to help drive change, advocating for social and behavioral change in communities, towards UHC. He urged governments to improve the educational systems in Africa to equip the youth for leadership.



Mr. Magnifique Irakoza
African Director of the International
Federation of Medical Students,
Kigali, Rwanda

During the discussions, several of the points made by the key speakers and panelists were underscored.

ANNEX 5: Report – Special Event on Adolescent Health

The African continent is the only region in the world where the number of adolescents is predicted to increase over the next fifty years. The proportion of the world's adolescent and youth living in Africa is expected to rise from 18 % in 2012 to 28 % by 2040, while the shares for all other region will decline. Within this context, the health and development of the African's adolescents will be key to achieving the Sustainable Development Goals and the objectives of the Global Strategy for Women's, Children's and Adolescents' Health. This is also a real chance to realize the demographic dividend if the region is able to tackle the numerous issues and risks facing adolescents and youth.

However, the specific health and development needs of adolescents have been under-considered in health sector investments and programmes. Accordingly, a number of adolescents and youth die every day or live with sequelae from preventable and treatable causes. Many miss the opportunity to establish the healthy lifestyles that would benefit them as well as their families and society as a whole. There is the need for governments, partners, communities and civil society to accelerate action for the health of adolescents and the youth.

The aim of the Special Event was to elicit the engagement of Member States, partners and young people to contribute in improving the health of adolescents and stimulating actions on adolescent health.

The Master of Ceremony was Professor Jeanine Condo, Director General of the Rwanda Biomedical Centre. The moderator for the Special Event was Ms. Gogontlejang Phaladi, Development Practitioner, AfriYAN and the Keynote Speaker was Her Excellency, Jeanette Kagame, First lady of the Republic of Rwanda.

The panelists were Mr. Sylvain Uhirwa, Medical Doctor, Activist and Social Entrepreneur, Mr. Patrick Sewa Mwesigye, Country Director, AfriYAN, Dr. Felicitas Zawaira, Director, Family and Reproductive Health, WHO/AFRO, and Dr. Julita Onabanjo, United Nations Fund for Population Activities Regional Director for Eastern and Southern Africa.

Dr. Matshidiso Moeti started her opening remarks by welcoming Her Excellency the First Lady of the Republic of Rwanda and expressed appreciation for her commitment to improving the health of adolescents in the African Region. She underscored the importance of the Special Event as improving the health of adolescents is key to achieving the SDGs.

The Regional Director stated that young people need to learn and be actors, and not just beneficiaries. There is thus the need to work with them, and not work for them, in order to achieve the greatest changes. She added that the Adolescent Health Flagship Programme of WHO AFRO is an opportunity to implement evidence based interventions as well as for joint actions and collaborative space with other sectors such as education, trade, water and sanitation. Dr. Moeti invited UNFPA, UNICEF, and other partners to join hands and build on their comparative advantages to make



Dr Matshidiso R. Moeti
Regional Director, WHO AFRO

the Adolescent Health Flagship Programme a success. She ended her opening address by inviting Her Excellency the First Lady to inspire other First Ladies as well to join WHO in making the Flagship Programme a success.

Before the keynote address, a short video on adolescent health prepared by WHO AFRO was screened.



**Her Excellency
Mrs. Jeanette Kagame**
The First Lady of the Republic of
Rwanda

In delivering the keynote address, **Her Excellency Mrs. Jeanette Kagame** underscored the need to invest more in adolescent health and improve equity in delivering services for adolescents. She recalled the challenges faced by Africa and the work countries, WHO and other partners are doing to improve the health of adolescents. She welcomed the WHO Adolescent Health Flagship Programme and called on African countries to embrace it and invest more in the health and development of adolescents.

Her Excellency spoke about the priority being given to health by the Government of Rwanda and how it is working towards key milestones, particularly to address specific health issues for women, children and adolescents. Using innovative approaches, Rwanda is addressing sexual and reproductive health issues through peer education and community based actions, among others. She also spoke about her Foundation which is working in alignment with the priorities of the government to improve the health of the people, with a particular focus on adolescents. In addition, she spoke about what, at the regional level, the Organization of African First Ladies Against HIV/AIDS (OAFLA) is doing to improve sexual and reproductive health on the continent. She called on all stakeholders to join hands in creating friendly services for adolescents in order to improve their health and development.



Mr. Sylvain Uhirwa
Medical Doctor Student, Activist,
Social Entrepreneur

The first panelist, **Mr. Sylvain Uhirwa** spoke on how ICT and culture could be the drivers in improving the health of adolescents. Mr. Uhirwa recalled how in the past information on sexual and reproductive health was passed on to adolescents by family members and how this has changed over the years with adolescents now searching for information on their own, mainly from the internet and from their peers. Given that the current generation of adolescents is much more conversant in the use of ICT, electronic platforms that provide accurate information on health and service delivery in real time to young people should be created and made more accessible.



Mr. Patrick Sewa Mwesigye
Youth & Adolescent Health
Uganda

The second panelist, **Mr. Patrick Sewa Mwesigye** spoke on why it is important for Member States and partners to strengthen the leadership of young people to better equip them to become leaders and agents of changes in the context of the SDGs, in relation to health. He said that the SDGs provide ways to include every one and not leave anybody behind. The attainment of the SDGs will depend on to what extent people, and especially young people, are engaged. Unfortunately, young people are currently being left behind and are not involved in discussions on their needs and policy instruments to address them. Mr. Mwesigye affirmed that the voice of adolescents and the youth needs to be heard. They must be seen as a partner and they should be involved in all levels of decision and implementation as key driving force to scale up adolescent health.

The third panelist, **Dr. Felicitas Zawaira** spoke about the WHO AFRO Adolescent Health Flagship Programme and how partnerships between Member States, development partners, and civil society organizations have come together to address the health issues of adolescents. She recalled some of the key issues faced by adolescents in the African Region such as their harmful behaviours and missed opportunities to establish healthy lifestyles. In response to this, the “Accelerated Action for the Health of Adolescents” Guidance Platform was developed by WHO and key partners to bring together all stakeholders to address issues related to their health and their needs. Dr Zawaira also mentioned that to address these issues, WHO AFRO has developed the Adolescent Health Flagship Programme to foster the implementation of evidence-based interventions to improve their health and well-being in the African Region.



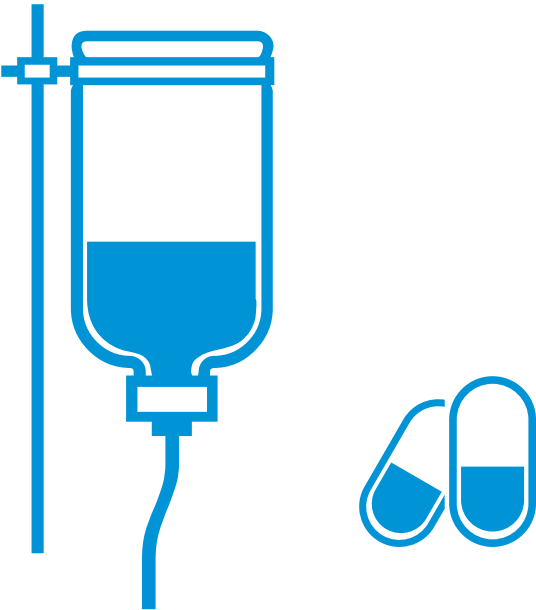
Dr Felicitas Zawaira
Director, Family and Reproductive Health, WHO AFRO

The fourth panelist, **Dr. Julitta Onabanjo** spoke about how harnessing the demographic dividend requires prioritizing human capital development including expanding quality health and education systems, and empowering women and girls to be able to exercise their rights. She said that as per the recent data available, the African continent is the only region in the world where the number of adolescents is predicted to increase over the next fifty years. This development presents a real opportunity for Africa as investments in young people have the potential to boost the economy of the continent. She indicated that the demographic dividend can only be of benefit to Africa if the continent ensures quality education for adolescents and the youth, especially for young girls and children, empowerment of young people, and employment for the youth.



Dr. Julitta Onabanjo
UNFPA East and Southern Africa Regional Director

During the discussions, several of the points made by the key speakers and panelists were underscored.





**World Health
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REGIONAL OFFICE FOR **Africa**

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