

## Report on the Panel Discussion

Future Perspectives on Healthcare Transformation in Africa

On the occasion of the Africa Shared Value Leadership eSummit 2020

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### Discussants

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(Moderator)

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## Introduction and Context

In a rapidly changing world where diseases such as COVID-19 are fundamentally changing the way we live, there is an urgent need for transformation in healthcare to ensure effective delivery of health services. This report will focus on highlighting two key themes that have been brought to the forefront of the health discussion as a result of COVID-19, as well as the key lessons learnt from the management of this pandemic. The first area that will be detailed is the importance of preventative healthcare being driven from a community level. The second is the necessity for increased cross sector collaboration between the public, private and civil society sectors to ensure shared learning. The report will conclude with two recommendations built out of these two key themes.

## The Re-evaluation of Healthcare Systems as a Result of COVID-19

### Driving Healthcare from a Community Level

COVID-19 has shown the world that no country is safe from the effects of a global pandemic. According to Gonzalez, the pandemic has forced healthcare service providers to begin addressing healthcare from a community level as communities are the ones being affected by COVID-19. The more devastating effects of the disease will not be kept at bay if it is not controlled at the community level. There are three fundamental ways in which this transformation can happen.

The first being the decentralisation of healthcare systems which will enable national healthcare agendas to get back to a prevention level. This will be driven by a community response rather than a hospital response which will enable the system to be closer to patients and monitor them more adequately. By taking the diagnostics and monitoring to the community, healthcare providers will be proactively managing illness rather than reacting from a central location. Gonzalez points out Rwanda which poses as an interesting country case study that has succeeded in doing this. Through the National Decentralisation Policy, district health departments were given full authority to manage health centres within their jurisdiction and the procurement of healthcare services (Overseas Development Institute, 2011). In addition to this, communities were involved in the decision making of their primary health which enabled a sense of ownership as well confidence in the government's ability to provide health security.

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Bringing the diagnostics to these health centres was a fundamental part of the decentralisation strategy. Collaboration between government departments at a local level has enabled the effective development of strategies to tackle issues such as malnutrition where the health departments have worked with the agriculture departments.

The second approach to this preventative health care at community level is vital communication to inform behaviour change. Broomberg stresses that COVID-19 has highlighted the importance of non-medical interventions such as social distancing and hand washing. Communication at a community level has been key in educating the masses on these interventions which has been effective in keeping infections lower than they otherwise would be without simple behaviour changes. The COVID-19 pandemic has been an eye opener in the importance of placing community at the centre of healthcare and response. BRAC, an international non-profit organisation headquartered in Dhaka, Bangladesh, has been at the forefront of deploying prevention and protection related messages through their frontline staff in places such as Sierra Leone and South Sudan (BRAC, 2020). Through the CDC, Ihekweazu highlights how Nigeria has been tackling misinformation regarding COVID-19 through a dedicated information website. Community health workers in Rwanda have been a vital part of the system to affect behaviour change amongst the rural communities of Rwanda (Overseas Development Institute, 2011). Such examples of open and clear communication with communities are paramount to the effective management of a pandemic and provide important lessons for the future of healthcare and the role of community.

The third approach to community level health care involves a transformation of financial services and health financing. Communities should not be paying for healthcare at the point of service. Ihekweazu suggests that this can be done through methods such as public sector health insurance and tax-based models. Rwanda is once again a good country case study for this through their community health insurance scheme “Mutuelle de Santé”. The purpose of this scheme is to improve access to financial services in order for communities to procure healthcare services (Overseas Development Institute, 2011). Mass communication and education on the benefit of this scheme was rolled out to sensitise communities on the importance of affordable health insurance.

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### **Public, Private and Civil Society Collaboration**

COVID-19 has illustrated the importance of international collaboration to prevent infections from spreading across international borders. Gonzalez points out that with better harmonisation of regulations across countries, future pandemics will likely be handled better. A good example of successful cross-country government collaboration is the case of Ebola in West Africa. The outbreak was contained through a multi-country coordinated plan that involved the monitoring of people across the region as well as fever testing at border points. A uniform approach at borders that include questionnaires, fever checks and antigen testing would ensure consistency across countries in managing pandemics such as COVID-19. In the case of COVID-19, significantly high proportions of carriers are asymptomatic which makes the need for a systematic diagnostic approach across countries as well as across the public and private sectors more necessary than ever before. Furthermore, the COVID-19 pandemic has led to collaboration across government hierarchies such as in the case of Nigeria as Ihekweazu highlights where the state and federal level of government have been coordinating on their response. In addition to better government synchronisation, Wandera points out how in Rwanda, civil society workers have been focused on the last mile delivery of information on behaviour change for preventative measures which is feeding back into the private and public sector response.

Strong collaboration between the government and the private sector is necessary to keep the pandemic under control. Broomberg indicates how in the Western Cape, South Africa, the government has set up a Solidarity Fund through which private entities are providing financial support to the public health sector which is currently overwhelmed. According to Broomberg, this fund is enabling the care of patients in private hospitals due to the full capacity of public hospitals during this pandemic. Additionally, the business community in South Africa has set up a structure to support the public health sector in the procurement of vital equipment, particularly the procurement of personal protective equipment (PPE). This has highlighted the importance of a cross-sector collaboration to ensure effective service delivery as well as procurement of equipment. Under regular circumstances, there is usually a trust deficit between the public and private sector; however, this pandemic has taught us that the public and private actors are part of one system and once we embrace this, healthcare systems can be strengthened to deliver effective services to the people who need them the most. Ihekweazu

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indicates that the private sector can continue to drive the transformation of the healthcare sector by refocusing financial investment into service provision and not just equipment sales, the future of healthcare in Africa could be promising.

### Conclusion and Recommendations

COVID-19 has forced public health departments across the world to re-evaluate how they deliver healthcare. Gonzalez focuses on pointing out how this pandemic has shown the international nature of such diseases and has brought to light the significant gaps that are prevalent in public healthcare systems. Two key areas have been identified as a point from which we can begin to transform healthcare systems. These are increased public-private collaboration in delivering healthcare services and refocusing healthcare to prevention by driving it from a community level. The two recommendations below are driven by these two areas of focus.

#### **Recommendation: National Forums for Public, Private and Civil Society Collaboration**

According to Ihekweazu, one very clear lesson from the COVID-19 pandemic is that we are learning too slowly and that we are learning in siloes. In order to strengthen our healthcare systems and build capacity, especially in preparation for the next pandemic, communication channels between the public, private and civil society sectors need to be intentionally created. By creating collaborative workshops and discussion forums, there will be an increase in the sharing of best practices and lessons learned, as well as an increase in the co-creation of solutions to strengthen national healthcare systems both on a public and private level. Working groups that consist of stakeholders from each of these sectors will be vital in ensuring the continuous flow of information. This will also ensure that before the next pandemic hits, the structures and systems are already in place and will reduce the scramble for knowledge and equipment that occurred as a result of COVID-19.

#### **Recommendation: Development of Community Health Workers in Delivering Public Health**

Community level work is foundational to the success of healthcare delivery in the public sector. This has further been compounded by the effects of COVID-19 as Gonzalez illustrates. Rwanda poses a brilliant case study of how effective community health workers are in delivering last mile health services as well as non-medical interventions (Overseas Development Institute,

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2011). They have been vital against the spread of COVID-19 and will continue to be central to healthcare in a post COVID-19 era. Countries across the African continent need to invest more in decentralisation by equipping health centres across the country to have an army of community health workers. Through this, national health agendas can be focused on prevention first with non-medical interventions being driven by the community health workers. Private sector can be galvanised by redirecting their investments into training programmes to upskill community health workers. Community healthcare hinges on appropriate funding and cannot be successful with the payment at point of service approach.

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