



# HEALTH IS WEALTH 2022

## Highlights

12 December 2022


Het Koorenhuis  
Prinsegracht 27 | The Hague





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# Introduction & Objectives



# Introduction

Health is wealth. A healthy society is essential for stability, productivity and economic growth. The Covid-19 pandemic exposed major flaws in humanity's capacity to effectively and equitably manage health emergencies as well as other basic health needs. **The pandemic has strained livelihoods**, and the ongoing negative economic impact being reported across the globe continues to disproportionately impair development of African countries.

In Africa, the pandemic uncovered the gross inadequacies and inequities in the continent's health-care systems. Leaders from the public and private sectors have called for a fundamental transformation in those systems to address the current crisis, meet the rising healthcare needs and prepare for future pandemics. **They highlight the need to revamp Africa's health-care systems.**

**Africa is also experiencing a sharp rise in non-communicable diseases (NCDs)** related to rapid urbanization and globalization, leading to shifts in dietary and lifestyle patterns characterized by increased calories intake and lack of physical activity. The weaker African economy makes it difficult to cope with this burden. It is postulated that NCD will soon overtake infectious diseases as the number one cause of death in the African region.

In addressing these challenges, it is important to **recognize and learn from the progress that has been made across Africa**. Some African countries are adopting innovative financing for health, including health insurance in Ghana, Kenya, Nigeria, Tanzania and Rwanda. Many African countries are using the power of mobile technology to improve the economy, provide financial access to unbanked populations and manage the delivery of health care. The private sector has driven much of these innovations.

Most African countries have also integrated Universal Health Coverage (UHC) as a goal in their national health strategies. Yet, **progress in translating UHC commitments into expanded domestic resources for health and increased financial protection have been slow.** Annually, more than 15 million people in Africa are pushed into poverty mainly due to huge household health costs. More than 109 million Africans spend 10% or more of their household income on health.

To ensure sustainable financing and delivery of health care for millions of African who do not have access to health care across sub-Saharan Africa, **African governments must prioritize funding health care for their citizens.**

AfroEuro Foundation, the Dutch SDG Café and African diasporan professionals and networks in the Netherlands organized on the UHC Day a symposium Health is Wealth Summit in The Hague to discuss the progress that African countries have made towards UHC and the challenges that they need to overcome to ensure that an increasing number of their citizens get access to health care.

**The Health is Wealth Summit is an African-led initiative** that provides a unique opportunity for Dutch development professionals, policy makers, researchers and companies involved in Africa to meet with African professionals, networks, embassies and students for a thought- provoking an exchange of strategies that can contribute towards addressing the barriers to access to health care in Africa.

# Summit Objectives

Reflecting on the progress towards Universal Health Coverage (UHC) declaration that all citizens will **get access to health care by 2030**.

Exchanging insights towards addressing barriers to financing and delivering of health care in Africa, including non-communicable diseases (NCDs).

Sharing perspectives that **challenge conventional thinking** about development in Africa and hold governments accountable for their responsibilities towards promoting sustainable financing of health care.

Sharing lessons learned from the progress that some African countries to address the challenges on the continent for better healthcare delivery and outcomes in primary health care and NCDs.





# Participation



# At a Glance

The Health is Wealth Summit is organized by AfroEuro Foundation and SDG Café on 12 December 2022 in the Hague.

It is the first time in the Netherlands that a national event on international development and health care in Africa attracted more Africa participants compared with non-African participants.

Participants came from both public and private sectors, including African embassies, development professionals, policy makers, companies (e.g., fintech, tech companies and multinationals), NGOs, academia and healthcare providers.





Summit Lead Facilitator  
Ms. Angèle Mayimona Nascimento  
Consultant, Triple Queen & Board  
Member Ubuntu Initiative Fund

**There were 13 participating partners; 2 keynote presentations by the University of Amsterdam Academic Medical Center on research into NCDs care among Africans, and by the Embassy of Uganda on government's role in health care; and 3 panel discussions on private health sector, leadership and accountability, and health financing and delivery.**





# Opening



# Highlights

Health is Wealth because health has a direct effect on the productivity and economic growth. **Health is not only a consumption good that adds to wellbeing, but also an investment good that increases the future productive capacity of individuals and the economy.** In many developing economies, poor people become even poorer when they fall ill because they have to use their savings for health care.

The Health is Wealth Summit is a podium that brings together African and non-African participants together to:

- Drive the advocacy to demand greater commitment and accountability from Africa governments and private sector to ensure better financing of and investment in health.

- **Stimulate transformative approaches in Africa to address barriers to access to health and deliver on the UHC agenda, including maternal and child health and NCD care.**

**African professionals and diaspora networks can play an important role in international development by using their experience and expertise to:**

- **Challenge the traditional thinking on international development among Dutch development organisations and policy makers that Africa is poor and engage on the path of Africa beyond Aid and financial sustainability of development initiatives.**
- **Challenge Africa governments to prioritize the financing of health in the same way that the governments prioritize defense and security. Health is critical to stability and prosperity of African societies and countries.**



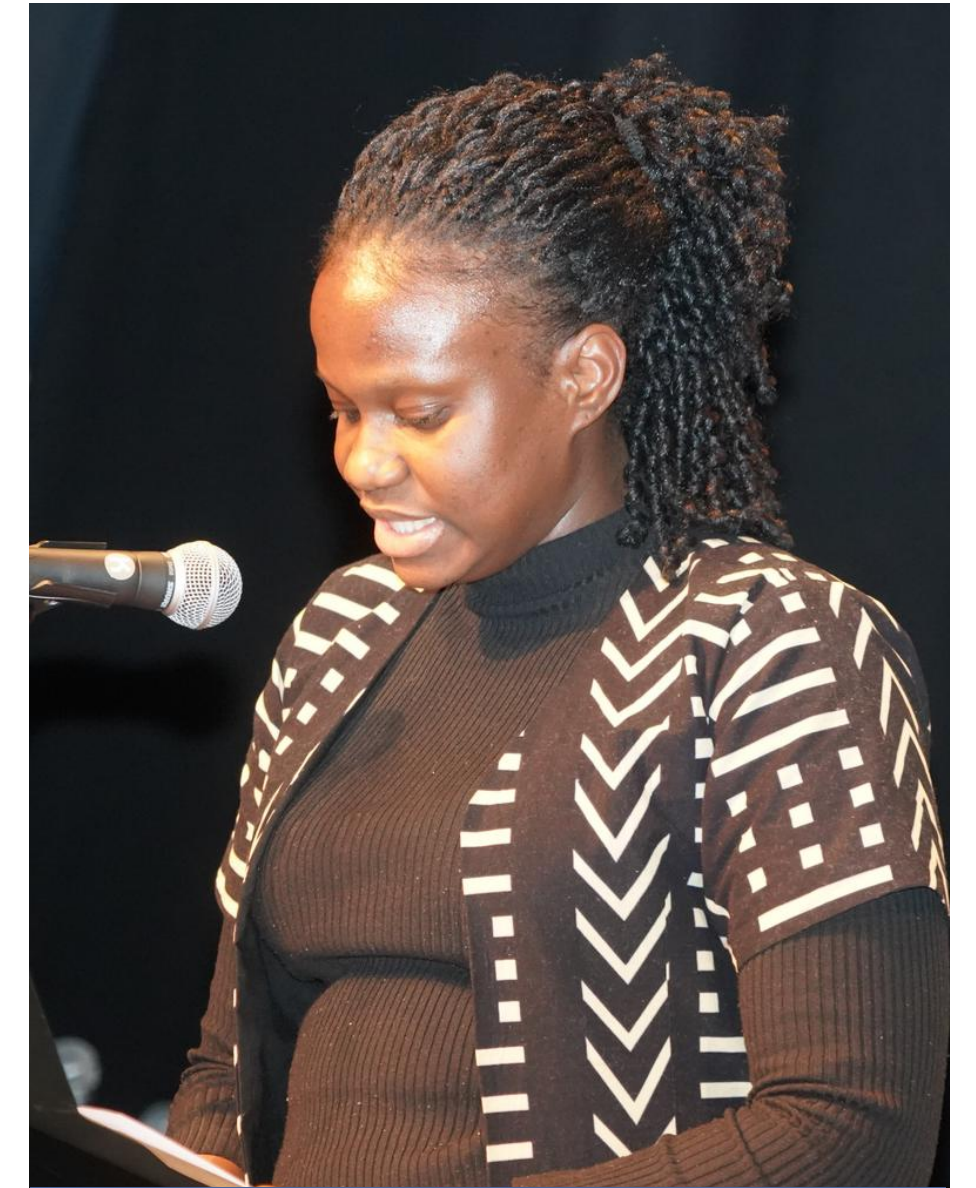
- Engaging African governments to act is critical because health is political, requiring accountability, commitment and transparency. African countries that have made progress in paying for health and promoting access to care are not the richest on the continent.





# Keynote Address

Uganda is a signatory to the sustainable development goals (SDGs) and therefore is committed to attaining universal health coverage (UHC) for all. In the midst of challenges, Uganda is making progress towards ensuring access to healthcare for its citizens.



Ms Brenda Mwesigwa  
Representative of the Embassy of the Republic of  
Uganda to Belgium, the Netherlands, Luxembourg,  
and the European Union



**Uganda is a model when it comes to the fight against HIV&AIDS. The Presidential Fast-track Initiative on ending HIV&AIDS in Uganda by 2030 is the first of such initiative in Africa and the entire world.**

**Ending HIV&AIDS is an investment in human dignity and not a charity. Uganda is the first country in Africa to produce full triple-therapy generic antiretroviral drugs (ARVs). Government's programs on behavior change, HIV counselling and testing and free locally -produced HIV&AIDS drugs have contributed to reducing transmission.**

**Government's efforts in containing outbreaks such as Ebola and Covid have also been commendable. The failure of rich countries to invest in Covid research and their apathy to provide vaccine for African countries is regrettable.**

**There is resentment in Africa towards Europe and the United States for not ensuring better access to vaccine for Africa but requiring that Africans are vaccinated before travelling abroad.**

**As in many other countries, there are challenges such as limited capacity and human resource development, capital investment and partnerships. Uganda is prioritizing partnerships, working with entities such as Philips, Delft Imaging System and PharmAccess.**





# Guest Speaker



# Highlights

**The dynamics of health and healthcare among Africans - comparison between Africans in the Netherlands and Sub-Saharan Africa**

Maintaining healthy life upon migration remains a major challenge and tough nut to crack.

**Non-communicable diseases such as hypertension, stroke, diabetes and cancers are major burden in African migrants and rapidly increase upon settlement in the host countries, in this case the Netherlands.**



Charles Agyemang, PhD  
Professor of Global Migration, Ethnicity and Health  
at Amsterdam University Medical Centre,  
University of Amsterdam



**NCDs are not only public health problems. They are also developmental problems,** because the rising prevalence of long-term chronic conditions has major social and financial implications for affected individuals, families, healthcare providers and the government.

**High incidence of NCDs is attributed** to gene and family habits, pre- and post-migration history, socio-economic differences, behavioral and biological factors, access to health physical psychosocial stress and epigenetic modifications.

**By comparing African migrants in the Netherlands with compatriots in home countries, he made the following observations about the role of migration:**

- Important for migrants and non-migrants alike
- Reveal real lifestyle changes upon migration
- Pinpoint key predisposing factors for poor health

- Results taken more seriously by migrants (hit home message)
- Provides indication of future threat of diseases
- Effective model for collaboration between host/migration countries





## **Here are some key lessons for addressing NCDs among Africans in Europe and those on the African continent.**

- Migration influences cardiometabolic disease risk & management in African migrants.
- Dietary behaviors contribute importantly to the prevalence of cardiometabolic diseases between African migrants & Non-migrant Africans.
- Epigenetic markers are different between migrants and non-migrants & contribute significantly to the high prevalence of cardiometabolic disease among migrants.

- Psychosocial stressors have differential effect on CVD risk factor in migrants and non-migrants:
  - Negative life events were more common in migrants whereas perceived discrimination were more common in migrants.
  - Recent negative life events were associated with a high estimated CVD risk in non-migrants only.
  - Higher levels of perceived discrimination were associated with a high estimated CVD risk in migrants only.
  - Psychosocial stress was associated with increased body weight among migrants, but reduced body weight among non-migrants.
- There is opportunity for effective intervention as the results are taken seriously by migrants (hit home message), emphasizing the importance of capacity building & collaboration between host/migration countries.



# Plenary Session One: What is the Role of the Private Sector in Health Care in Africa?



Facilitator: Dr. Mollynn Mugisha-Otim  
Managing Director, Africa Cultural Promotion  
Center (ACPC)



Florent Geerts  
Business Unit Director  
Delft Imaging Systems



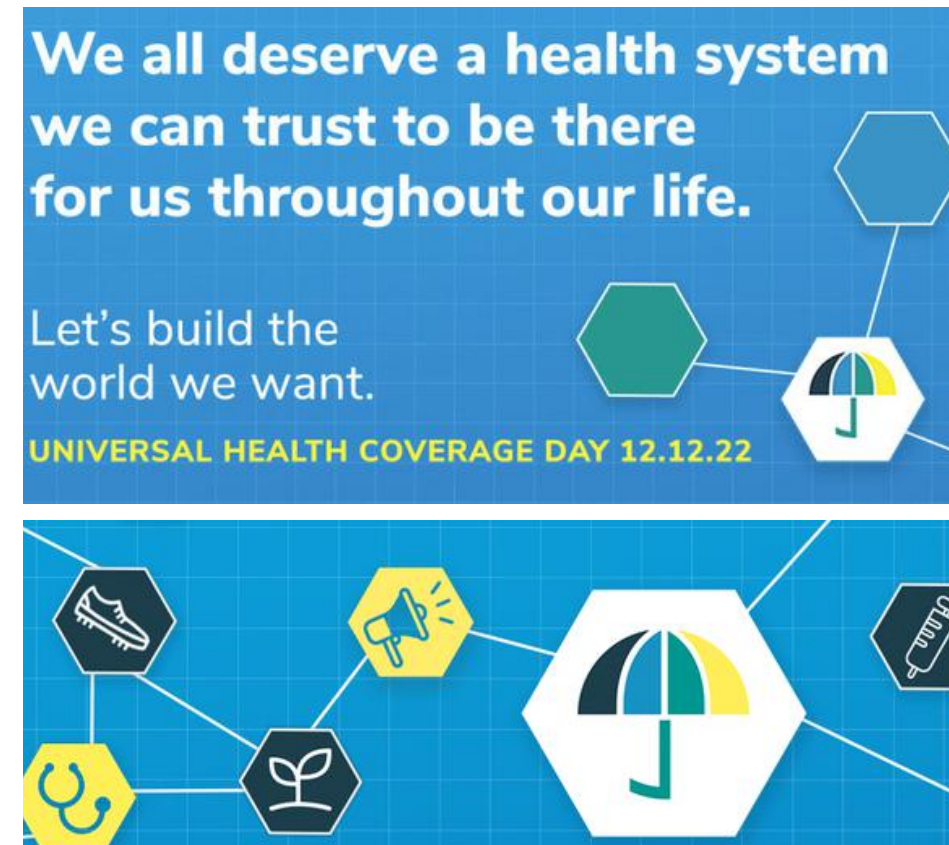
Ties Kroezen  
Venture Leader  
Community Life Centers, Philips



Dieudonné Foko  
Senior IT Specialist, Digital Transformation  
Difoko IT Solutions



Patricia Monthé  
CEO, MEDx eHealthCenter B.V



# Highlights

**We need a shift of mindsets to see the private sector as a co-investor and thought partner in the public health systems.** This mindset shift is needed at different levels of the health system and along the healthcare value chain. While traditionally the private sector has been viewed as a source of financing to be tapped, governments should reorient their outlook to one of knowledge exchange and co-creation with the private sector as a means of unlocking innovation, building stronger African health systems and delivering health for all.

**By delivering over 50 percent of health care in Africa, the private sector is a key partner in achieving Universal Health Coverage. The role of the private sector in ensuring access to quality and affordable health care includes the following:**



- **Introduce skills and business-oriented ways of working and managing of health care that can benefit the public sector.**
- **Promote innovations, research and development to develop technologies and products to improve health.**
- **Develop and expand access to quality essential and specialized services for communities.**



- **Add value in areas such as supply chain, laboratories and diagnostics.**
- **Help reduce costs to access health care** by delivering healthcare solutions that respond to the needs of vulnerable populations, for example, innovative diagnostic imaging solutions and artificial intelligence.
- Use digital and mobile technologies to extend services to difficult-to-reach communities and underserved communities.



To build a better understanding of the private sector's role in health systems, **collection and analysis of data is critical.** Knowledge on the size and scope of the private sector is required for governments to regulate care provision, ensure proper allocation of resources, and foster environments of accountability. Functioning information sharing systems allow all actors in the healthcare system to align on priorities for action, identify problems and design a strategy for informed decision-making and change.

To facilitate better performance of the private sector in health systems, the efforts of public and private entities should **establish a foundation of trust.** Lack of dialogue and engagement may result in mistrust and blame shifting between public and private partners, to the detriment of health system goals. It is critical to manage conflicts of interest by recognizing public and private sector motivation for engagement and the incentives that underlies this.

**Advocacy to engage governments on better policies and legislation is critical to enhancing the participation of the private sector in ensuring access to health care also at the community level.**

**Participating companies in the panel discussion have helped built capacities, trained health care personnel and provided digital health services and diagnosis (involving AI) in primary health care, maternal health care or tuberculosis care in countries such as Ghana, Kenya and Cameroon.**





# Plenary Session Two: Why Accountability and leadership matter in Access to health care in Africa



Facilitator: Dr. Kwasi Boahene  
Director Health Systems  
PharmAccess Foundation



Thea Fierens  
Coordinator SDG Café  
PUM Experts for Development



Alexander van Ommen  
Senior Policy Officer, Dutch Ministry of  
Foreign Affairs



Anne Charlotte Douard  
Government Engagement & Policy Officer  
Access to Medicine Foundation



Dr. Ify Ejidike Ike  
Principal Consultant Healthcare  
Board of Innovation Amsterdam



# Highlights

The issue of good governance and transparency is more than just about corruption and wasted money. It is about the corrosion of the **government's ability to grow the economy** and **strengthen the health system** in a way that benefits all citizens.

Countries that have **strong economic institutions** respond more effectively to healthcare crises and are better prepared for a resilient recovery. Successful countries have a high level of political commitment to good governance and transparency. For example, how they formulate and present their budgets, and how they promote open access about their policy actions.



The big economic opportunity for Africa is its **demographic dividend**. To earn that dividend, we need to meet the aspirations of the new generation by **investing in health, especially affecting young people**. A critical element is ensuring that government demonstrates commitment to use resources efficiently and transparently, contributing to long-lasting prosperity of the people.

There is a need for political will to ensure quality healthcare in Africa, especially as regarding the **position of women** in achieving the health goals of the SDGs as well as reproductive sexual health and management. Some countries have made progress on the role of young people in the implementation in health care, especially on sexual and reproductive rights. Ghana, Kenya, Uganda and Rwanda are cited as good examples.

**Access to information** is critical for accountability and governance. This is one area that civil society organizations & citizens can be informed and hold their governments and private sector accountable for their actions.

Citizens need to be **empowered at the micro-level** to demand transparency of their governments to ensure there are actual deliverables in health care policy. **Sensitization** through NGOs and support from civil society to give young people leadership is of the essence. Monitoring, documentation and good practices are needed in the private and public sectors to ensure success.

**Innovation and technology** can play a major role in helping government deliver on these priorities. Countries rapidly adapted to the Covid-19 pandemic with innovations that helped governments serve their people more transparently and effectively.



Another critical area that requires accountability is access to health care products, including medicines. In spite of progress in the past years, about a third of the world's population still lacks access to essential medicines. **Most of these people are sub-Saharan Africans, living on less than a dollar a day. Lack of research means that medications for their conditions do not exist or are too costly or unsafe (less quality). The responsibility for addressing these challenges lies with many stakeholders, including the pharmaceutical industry.**

Accountability is needed across the supply chain to reduce costs and improve access to healthcare services and products. Pharmaceutical companies can do more to expand access to medicine to people in low- and middle-income countries through engagement that are aligned with their core business practices and benchmarking their performance against each other.

# Plenary Session Three: How can Africa Finance and deliver Health Care on a sustainable basis?



Facilitator: Dr. Kwasi Boahene  
Director Health Systems  
PharmAccess Foundation



Dr. Johnblack Kabukye  
Medical Doctor and Informatician  
Uganda Cancer Institute & Guest Researcher  
VUMC Cancer Center Amsterdam



Maarten Oranje  
Expert Performance Based Financing  
Cordaid



Nwanneke Okere  
Senior Public Health Specialist  
KIT (Royal Tropical Institute)



Odette Hekster  
Managing Director  
Population Services International (PSI)-Europe





# Highlights

Sub-Saharan Africa is far from meeting key health financing goals such as the Abuja Declaration target of allocating 15% of the government budget to health. **Out-of-pocket expenditure is still higher than 40% of the total health expenditure for most countries.** Total health expenditure per capita is low, ranging from \$8 to \$129.

Many countries have limited capacity of raising public revenue mainly because the informal nature of their economies makes collection of tax and contributions difficult. This limits their opportunities for investing in health. **Innovative resource mobilization instruments** and prioritization of government spending on health can bridge the funding gap.

While these national disparities are known, estimates of disease-specific spending are scarce. Some National Health Accounts do exist for specific health areas, including maternal and child health, vaccines, malaria, tuberculosis, and HIV/AIDS. Disease-specific health accounting methodologies - such as National AIDS Spending Assessments - have also been developed and applied in many countries. The **System of Health Accounts framework** can support the allocation of spending by disease area, including spending on cancers, diabetes, and other non-communicable diseases.

**Promote pooled financing of health care.** Due to the huge out-of-pocket payments, pooling these resources can stimulate strategic purchasing of health care. UHC initiatives provide opportunities to pool financing. Subsidized health insurance is an important means of making health care affordable to poor and low-income earners.



**Strong correlation between accountability and ability of government to mobilize financing for health.** A government that can demonstrate to citizens that it is spending health care funds wisely will be able to raise more funds for health care.

**Stimulate donors to be more strategic.** Governments should be supported to prioritize mobilization of domestic financing. Funding initiatives where governments allocate money away from health care should be discouraged, while models that encourage domestic resource mobilization and prioritization of health should be encouraged.

**Adopt digitalization in financing and delivery.** Digitalization create opportunities for mobilizing and channeling funding from various sources for UHC. Digitalization also creates efficient care delivery models, generating data for insights, better decision-making and improved health outcomes.

**Eliminate waste and leakages.** About 20-40% of healthcare resources are lost due to inefficiencies in the health system. For corruption and fraud, where policies for improving regulation and transparency is vital; medicines, where the use of generics and reductions in counterfeits is important; and human resource for health, where addressing absenteeism and stimulating task-shifting are generating better results; and structural provide payments, where performance-based financing have worked.

**Engage youth in health financing advocacy.** Youths have the power of social media and constitute a large part of the African population. Young people have more innovative ways to solve problems and should be included in the decision-making process.



With respect to **delivery models**, discussion focuses on HIV, cancer and sexual and reproductive health:

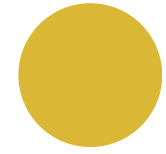
- HIV infection is high for specific populations such as sex workers and homosexuals. **Adolescents are even more vulnerable.** Focused prevention services on specific population and governments must be engaged to take more responsibility for the continuous financing of care. The power of social media and advocacy programs are quite vital to enhancing education and behavioral change.



● Despite rising incidence and mortality rates in Africa, cancer has been given low priority in research and in healthcare services. **About 57% of all new cancer cases occur in low-income countries** exacerbated by lack of awareness, lack of preventive strategies, and increased life expectancies. Yet there is no global fund against cancer. There is the need funding and capacity for training in cancer care specialists and research into cancer diagnosis, prevention, care and treatment and efforts combat related complications.

● **Self-care is a crucial component of achieving UHC** because it enables individuals to exercise greater autonomy and control over their health as well as improve their well-being, especially in overburdened health systems. Self-care is also an aspect of integrated care, stimulating health education and prevention.





**Integrate sexual reproductive health rights (SRHR) into UHC national strategic plans, implement integrated SRH service delivery models, ensure efficient health financing strategies for SRHR, support and protect the SRH health workforce. It is also critical to expand access to SRH commodities and supplies, improve health information systems and routine data collection, and ensure better engagement of civil society organizations and communities.**



# Conclusions





Mr Vincent Gambrah  
Director  
AfroEuro Foundation

- There is no doubt that some progress has been in the Africa's health system. For example, the death of women during pregnancy has reduced. Covid-19 did not cause much health havoc compared to our continents. **There are also digital health innovations.**
- However, the Africa's health system is still weak and faces a crisis. **Only 30% of the people have access to basic health care.** This is a damaging health risk to the individuals concerned and their communities.
- It is also a major challenge to social development and economic growth. As the World Bank puts it "lack of health is a waste of human capital."

- Less than 10% of the populations in Africa has health insurance. The majority of the health expenses in Africa are made by individuals in the form of out-of-pocket payments (user fees). This is the highest in the world. **African governments are spending 5.1% of their budget on health compared to the 2001 Abuja Declaration 15%.**
- **Africa is not poor to commit financing to health. It is a matter of political will and priority setting.** In most countries, we need strong political leadership that (a) is willing to develop good policies for the better of all the people, (b) that is willing to commit money to support health care; and (c) that is willing to improve the rights of people. We also need accountable private health sector for innovations and for extending healthcare to poor and vulnerable populations.
- **Investment in primary health care is vital in ensuring better access to health for all people** in sub-Saharan Africa, irrespective of their financial status. Investments in HIV&AIDS, NCDs (including cancers, diabetes, cardiovascular conditions) and SRHR and services are critical for ensuring better health outcomes in Africa and among Africans in The Netherlands and other parts of Europe.



- AfroEuro Foundation initiated this event to mobilize African professionals and networks to engage development professional, private sector and government to contribute to change in health and development.
- **The change that we want is that the voices of the African diaspora professionals and networks are heard more often in global health dialogue in the Netherlands and Africa; and that African professionals and networks hold their governments to do the right thing to make healthcare available to all those who need it.**



● These are the follow-up events of this Summit:

● Engagement of African diasporan professionals and networks with Dutch development professionals, policy makers and the private sector to share ideas and experiences on health and development.

● Engagement of African professionals' networks with African governments on better policies and financing of healthcare.

● Mobilizing African professionals to share their experiences and provide technical expertise to support business and healthcare delivery in Africa.

● Developing podcast and engaging in media campaign involving African diaspora professionals and development professionals networks towards African governments, policy makers and private sector.



# Participating Partners



Ministry of Foreign Affairs



# Afroeuro Foundation

AfroEuro Foundation is a Non-Governmental Organisation established in 2003. The organisation seeks to build a positive image for African diaspora in Europe and mobilize the capacity and resources of African diasporans for **economic development** in Africa. With “Building Bridges” as its motto, AfroEuro builds and facilitates **understanding and learnings** between developed economies and Africa.

AfroEuro subscribes to the NEPAD principles and works in collaboration with African **diaspora professionals** and networks, governments, and youth towards Africa’s participation in global health, economy, commerce and trade. We also bridge the gap between the African diasporans and their hosts countries in Europe by promoting **policy influence**, empowerment, education, capacity building and knowledge and transfer.



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