

Breaking Barriers, Repositioning Africa in the global health architecture.

By Laida K. Chongo

The Africa Centre for Disease Control's annual International Conference on Public Health in Africa (CPHIA) is a unique African-led platform for leaders across the continent to showcase new and exciting scientific discoveries while advancing programs and policies to create more resilient health systems. The 2022 edition of CPHIA focused on the crossroads – between post-pandemic recovery and future pandemic preparedness – at which the continent found itself in. CPHIA 2023, scheduled for **27-30 November 2023** in **Lusaka, Zambia**, will take a more forward-looking approach, highlighting how stakeholders across the continent are breaking barriers and disrupting the status quo through cutting-edge science and programming.

Ahead of the conference, I had a lengthy chat with Claudia Shilumani, a public health specialist who works for VillageReach, a global health organization with offices in DRC, Malawi and Mozambique (and has reach all over the continent), and is Vice President for Partnerships & Impact based in South Africa. We talked about the best ways to employ the power of engaging civil society, the private sector and local philanthropy.



What are some of the people centred health solutions that village reach has implemented?

VillageReach has over twenty-three years of experience working with partners and governments to co-develop solutions to reach the farthest communities with quality healthcare contributing to Government efforts to achieve Universal Healthy Coverage (UHC).

Let's talk about vaccines, we worked hand-in-hand with diverse communities in Mozambique and Malawi to improve the way their healthcare is delivered. We've conducted research on why children aren't getting all their vaccines, developed a framework to build equity into immunization supply chains and supported efforts to help community health workers address vaccine misinformation. We are building on this work to design Primary Health Care systems (PHC) that are responsive to the needs and preferences of under-reached communities.

How do you think the private sector interacts with the communities they are connected to especially when it comes to matters of public health?

At the end of the day, the responsibility to provide health care lies with Governments. The private sector should come in to support and complement Government efforts. In countries where we work, and most of Africa in fact, there are not sufficient resources – financial, human resources, infrastructure – to propel Governments to reach UHC. Many African Governments rely on private providers to extend health care to their citizens. From the work that we do, the relationship between the private sector and Governments draws on the strengths that lie in the private sector and the power that rests with governments to ensure increased access to health care among citizens.

What are your views on the obligation for the private sector to give back?

Increasingly, investors assess how sustainable a corporation is by reviewing environment, social and governance (ESG) reports. The environment part relates to causing no harm and of course governance has to do with how well the company is managed. The Social part is where corporations invest a portion of their profits on community development projects meant to benefit the communities in which they operate. I have seen corporations work hand in glove with communities to ensure that communities engage in sustainable livelihood projects so they can survive on their own when corporate-funded programmes come to an end.

To me it should not be seen as an obligation, it should be a way of doing business. Having said that, the need to have shiny scorecards on ESG is forcing companies to engage in giving back, whether they like it or not. Without it, they cannot attract investors.

What are the efforts made to ensure that African communities are at the heart of the means of production so that they can sustainably benefit from the private sector and civil society?

Listening to the needs and preferences of communities we serve is the best approach. It should not end with listening, but those who are receiving the feedback should be incentivized to act on the insights they receive when engaging with communities. It is when they act that communities are placed at the heart of means of production.

At VillageReach, we came up with a framework we call Community Insights to Action, and this entails routinely collecting feedback from communities, package the feedback and pass it on to the right decision makers, take action to address the feedback received and looping back with communities to update them on action taken. This framework is applicable to both the public and private sector. That is how we get communities to inform how they receive health care and it can be used for services in general.

How best do you think we can strengthen health systems for equitable and Universal Health Coverage in Africa?

- It is crucial to shift the traditional approach of healthcare delivery to a data-informed, adaptable, and responsive approach that remains flexible to the evolving needs, preferences and health challenges of different communities.
- Resilient PHC systems are responsive PHC systems.
 - Community members must be able to provide feedback and input into the health system to co-create solutions that work for them.

- Trusted health providers, including the sometimes community health workers that are often invisibilized, must have the resources and training they need to play their part.
- And local policymakers and partners must have the autonomy to adapt their programs to ensure high-quality health care is delivered to every community equally and consistently

What strategies, policies, and collaborations do you think are needed to ensure that healthcare services are accessible, affordable, and of high quality for all citizens?

I spoke about the CITA framework. We have delivered health care, and prioritized PHC, for many decades now. It's like a stained shirt that you wash and the stubborn stain refuses to come out requiring bleach. The final push to achieving UHC, that last 10%, will come from delivering health care very differently from the way we are used to. And we are betting that our bleach could perhaps be listening and acting on insights we gather from communities on how and when they wish to receive care. Not as a replacement, but to complement what we spent decades proving works to reach the 90%. It requires radical collaborations. Yes for profit entities are driven by profit, however, governments, civil society and other stakeholders can learn to work in partnership with the private sector and benefit from the operational efficiencies that we see in that sector.

Do you think there are any specific policies that civil society should advocate for to create a more resilient health system?

Yes, sustainable health and development in Africa requires that Africa takes care of its own destiny. We are unable to do that when we are still dependent on foreign sources of financing for our health and development. I have seen countries claim they do not have money to pay for health care yet they are able to pay for other Government activities they see as priority. Civil society can advocate for prioritization of health, in particular urging governments to fulfil their Abuja declaration commitments to increase their health budget to at least 15% of the state's annual budget.

What role can local philanthropists play to ensure they advance programs that will enable a more resilient health system in their communities?

We are fortunate as a continent to boast a few billionaires and that these billionaires are giving back to help with development in the continent. The long game is for Africa to hold the purse so we can pull the strings and it will be unfair to expect that African philanthropies will pick up where Governments and local private sector ends as the gap is too wide.

I see local philanthropies as providers of catalytic funding that helps implementers unlock other means of financing. I look forward to an era where implementers like ourselves do not rely on grants and that we engage with local philanthropies on innovative financing models. Models where we access seed funding and use that to attract more domestically sourced funds. There is a sense of pride in repeating the benefits of hard work and we need to instill that sense of pride among our people. Community based health insurance (CBI) is a perfect example.

Lastly, you are the vice president of a very influential organization building key collaborations with governments, how do you think Africa Women in civil society can position themselves to break barriers in the global health architecture.

At CPHIA2023, we have a dedicated Track: For women, by Women: Access to adequate health care for young girls and women in Africa. By giving a platform for women to lead discussion on women issues, we are amplifying the voices of women. We have Women in Global Health with voices of women coming up all over the world. And let's face it, many countries [including Eritrea, Somalia, Egypt and Burkina Faso] have entrusted their Ministries of Health to women. We know that historically, women are less represented in financing decision-making but we can think of ways to get our voices heard, including building investment cases for Ministries of Finance (Ability vs Willingness to Pay), as well as partner with First Ladies and wives of Finance Ministers. Women networks can be powerful forces to drive change.