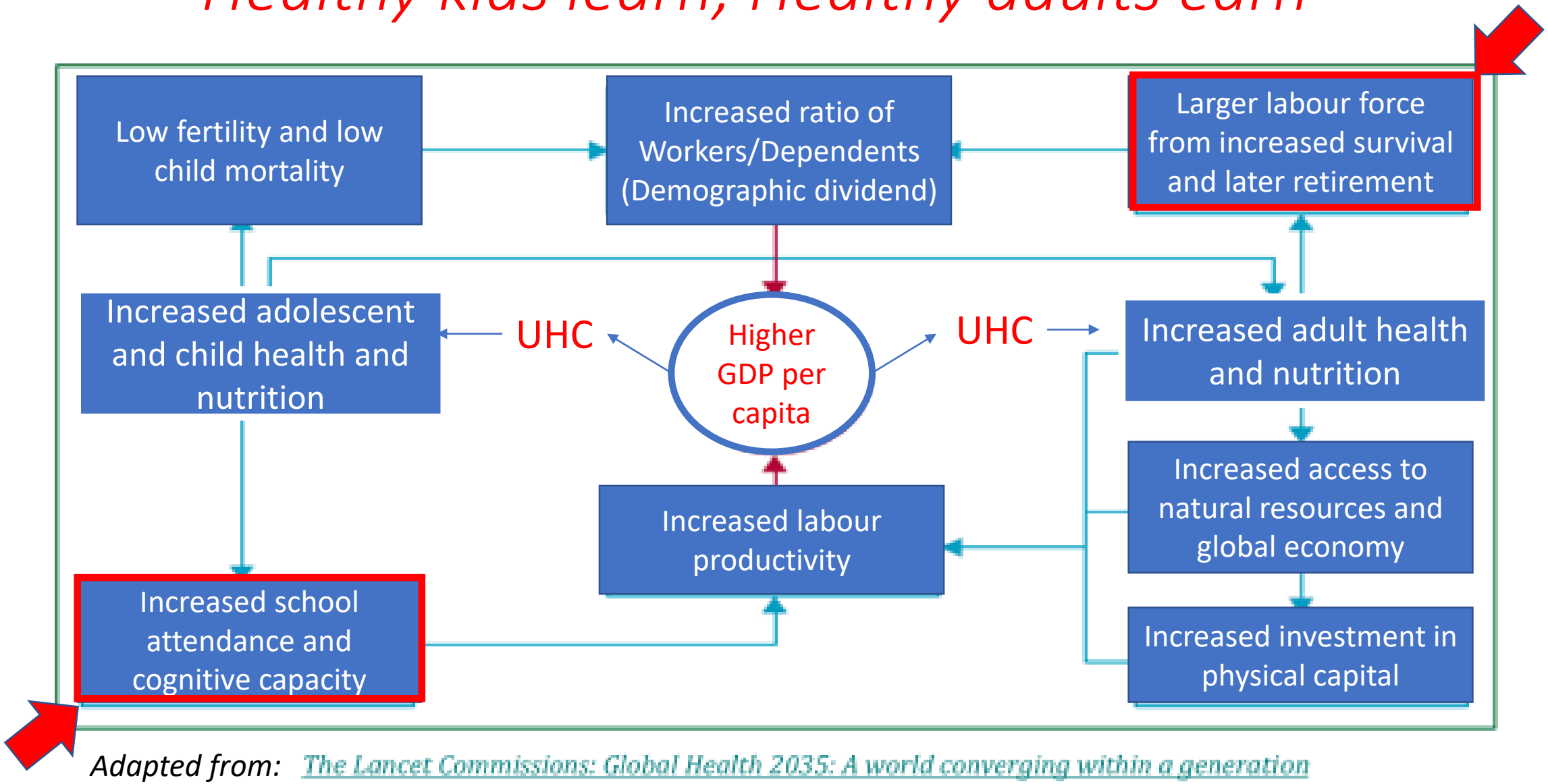
**Dr. Githinji Gitahi, MBS**
**Global CEO – Amref Health Africa**

# ‘Health, Wealth and Equity’



AMCHAM, Nairobi, 2024

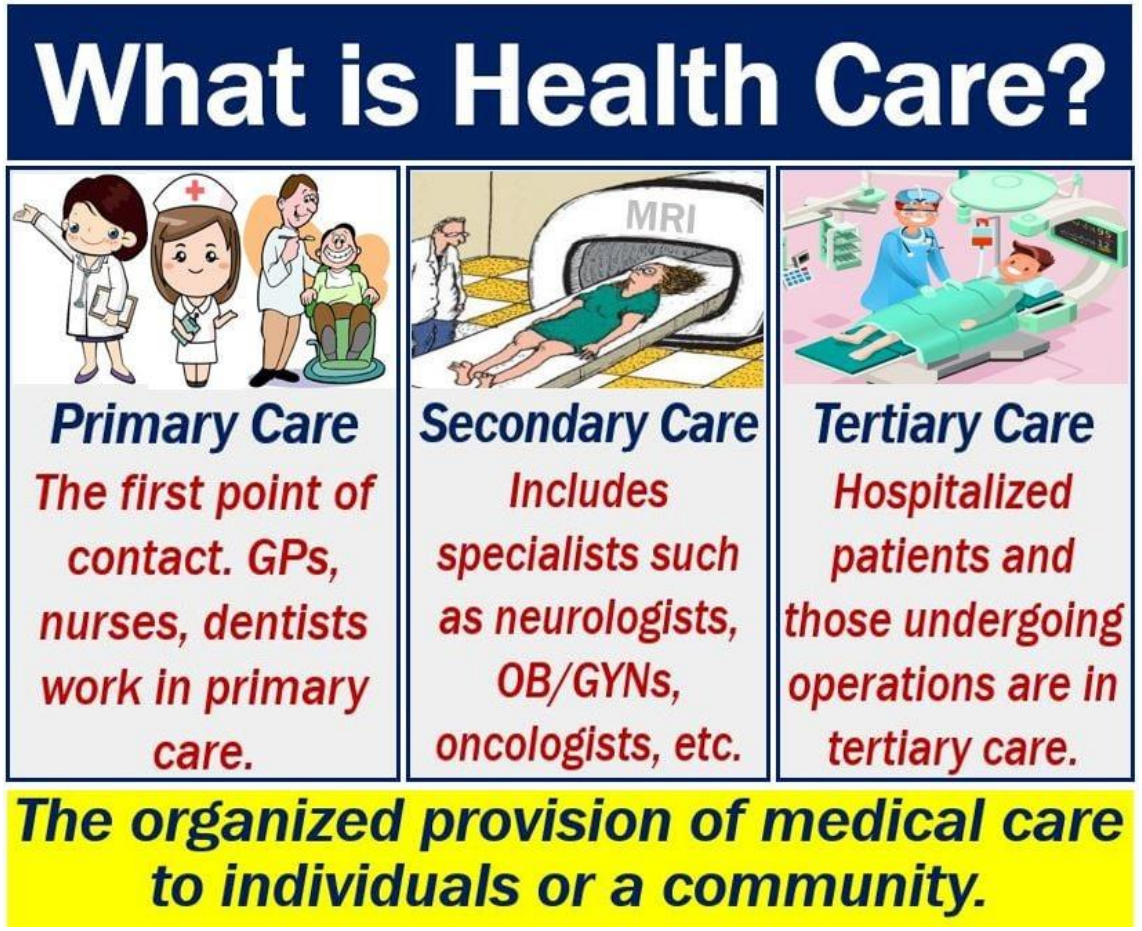
# *Healthy kids learn; Healthy adults earn*




*Adapted from:* *The Lancet Commissions: Global Health 2035: A world converging within a generation*

# So we want HEALTH but HEALTHCARE is inevitable!



# *And the key elements are…..*

- equity in access – everyone who needs health services should get them, and not simply those who can pay for them;
- quality of health services – good enough to improve the health of those receiving the services;
- financial-risk protection – ensuring that the cost of health care does not put people at risk of financial hardship.



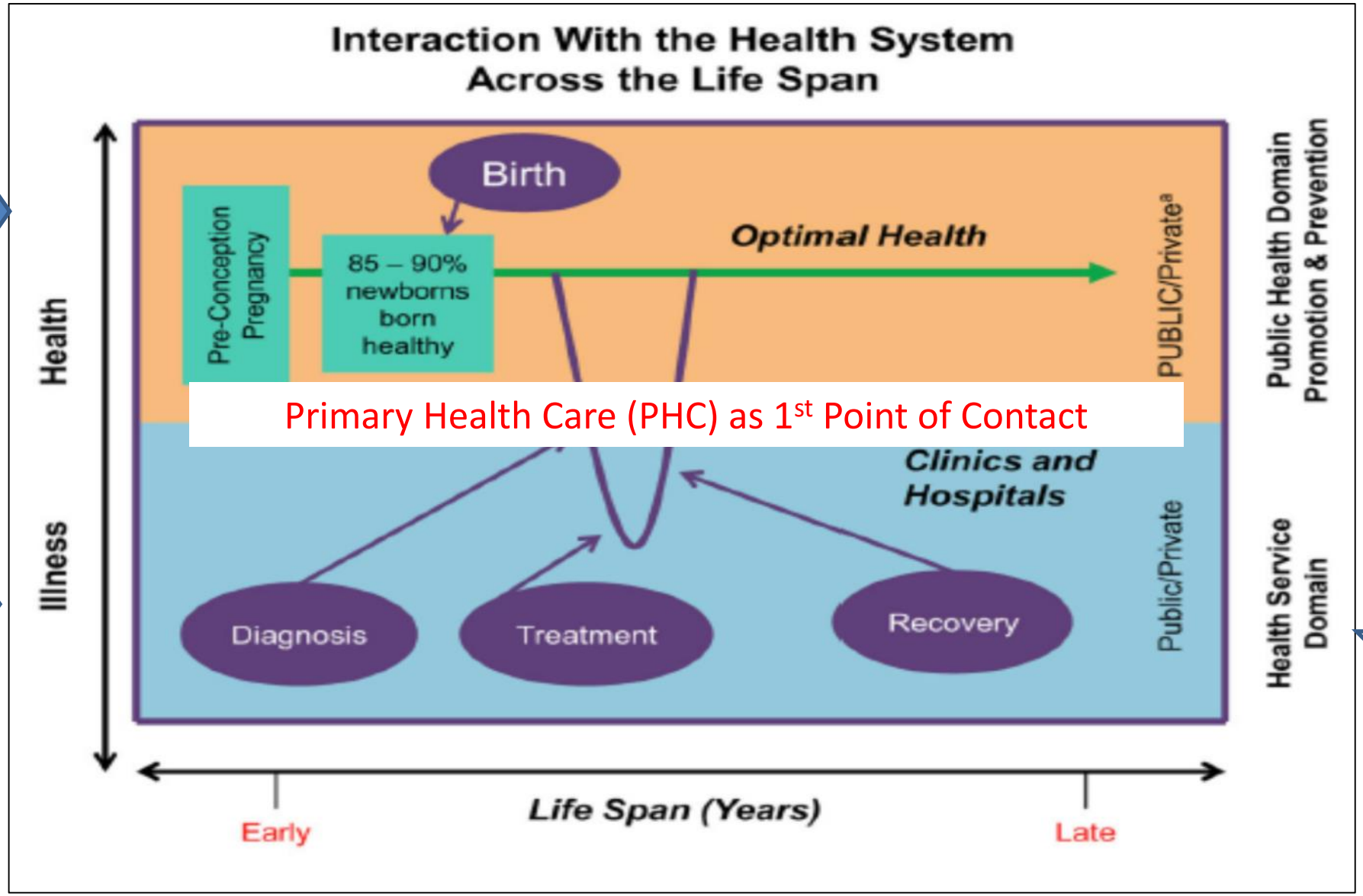
Universal Health Coverage

# *The Health-Healthcare interplay*

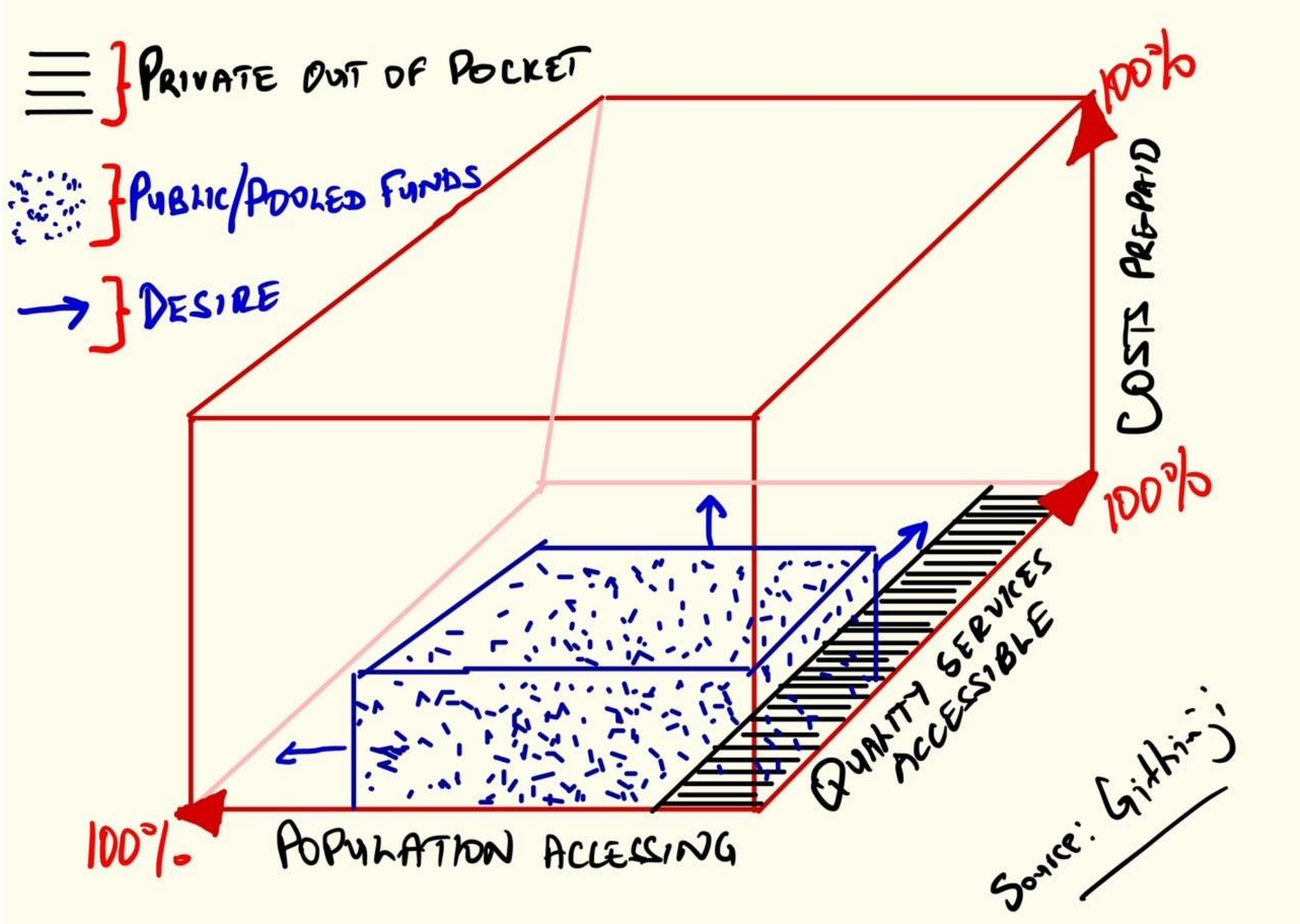
Assures Health Promotion and Prevention

UHC

Provides social security for return to health



# The 3 Key dimensions of UHC



# In summary

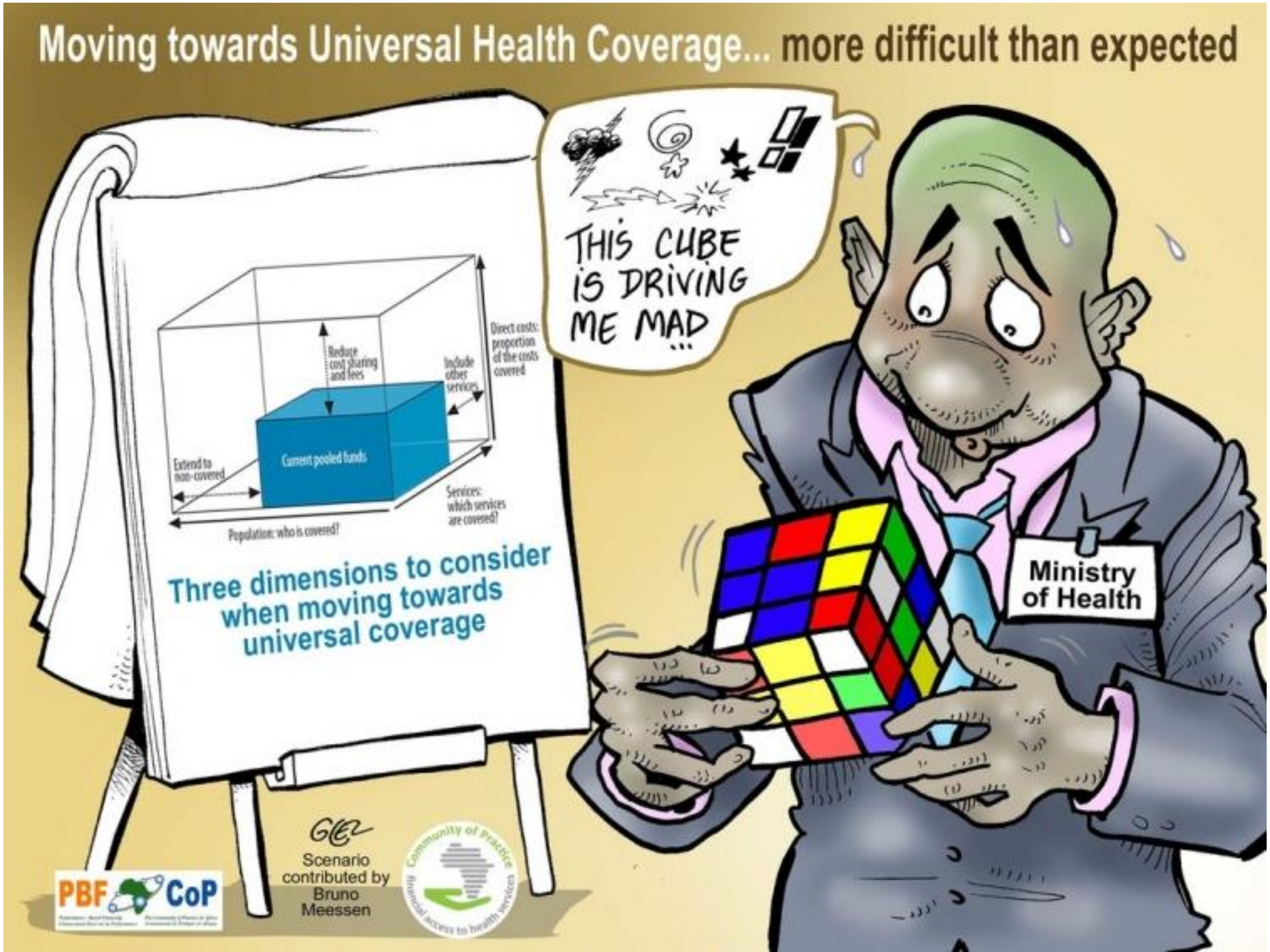
Quality Services Accessible +

To all people +

No/affordable payment at point of service

= Universal Health Coverage

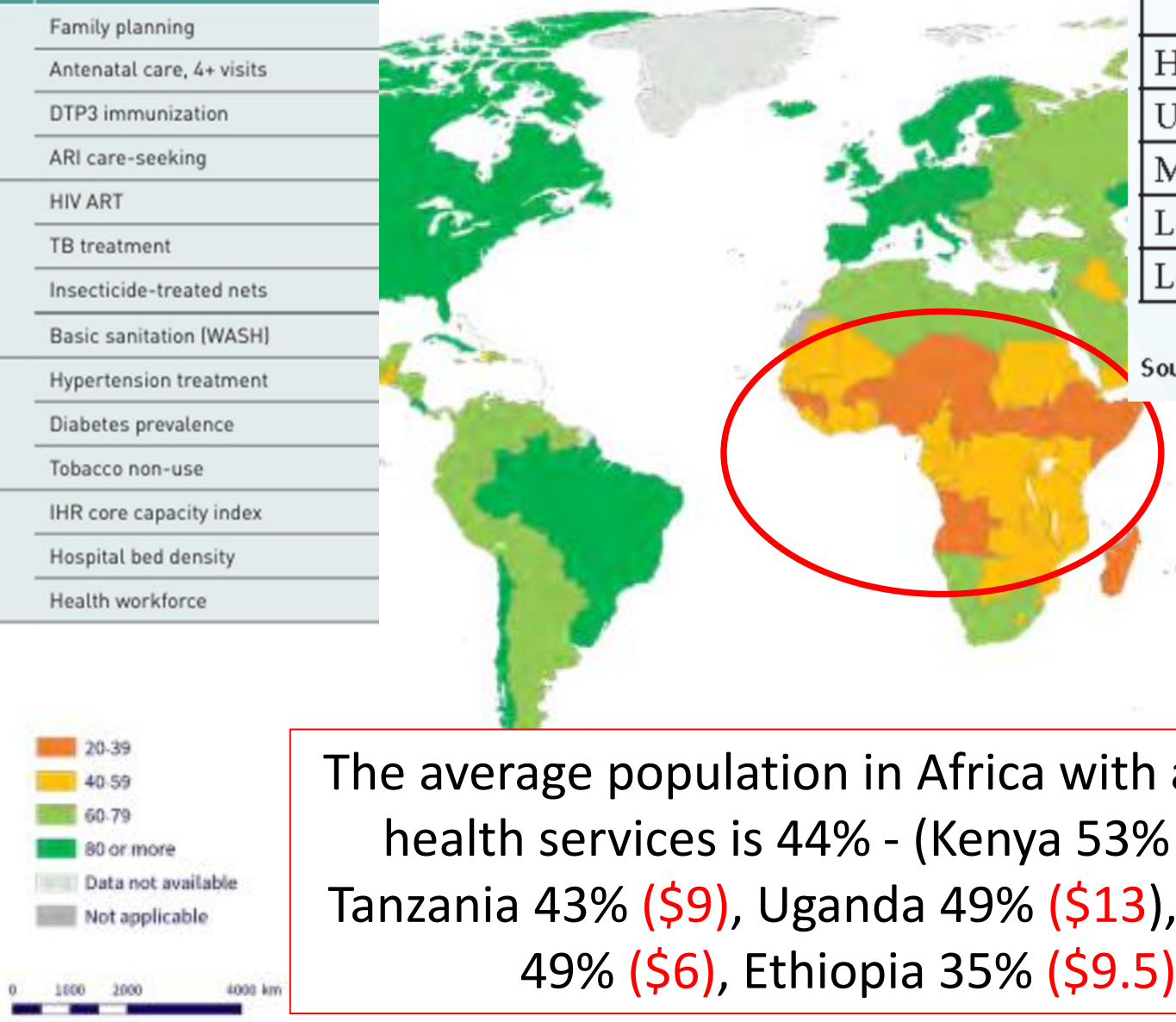





Its not that easy…

## Fig 1.5. UHC SCI by country, 2021

| Sub-index | Indicator |
|---|---|
| RMNCH | Family planning |
| | Antenatal care, 4+ visits |
| | DTP3 immunization |
| | ARI care-seeking |
| Infectious diseases | HIV ART |
| | TB treatment |
| | Insecticide-treated nets |
| | Basic sanitation (WASH) |
| Noncommunicable diseases (NCDs) | Hypertension treatment |
| | Diabetes prevalence |
| | Tobacco non-use |
| Service capacity and access | IHR core capacity index |
| | Hospital bed density |
| | Health workforce |




| | Domestic General Government Health Expenditure (DDGE) |
|---|---|
| High Income countries | 4,140 |
| Upper Middle income | 248 |
| Middle Income | 129 |
| Lower middle income | 26 |
| Low income | 8 |

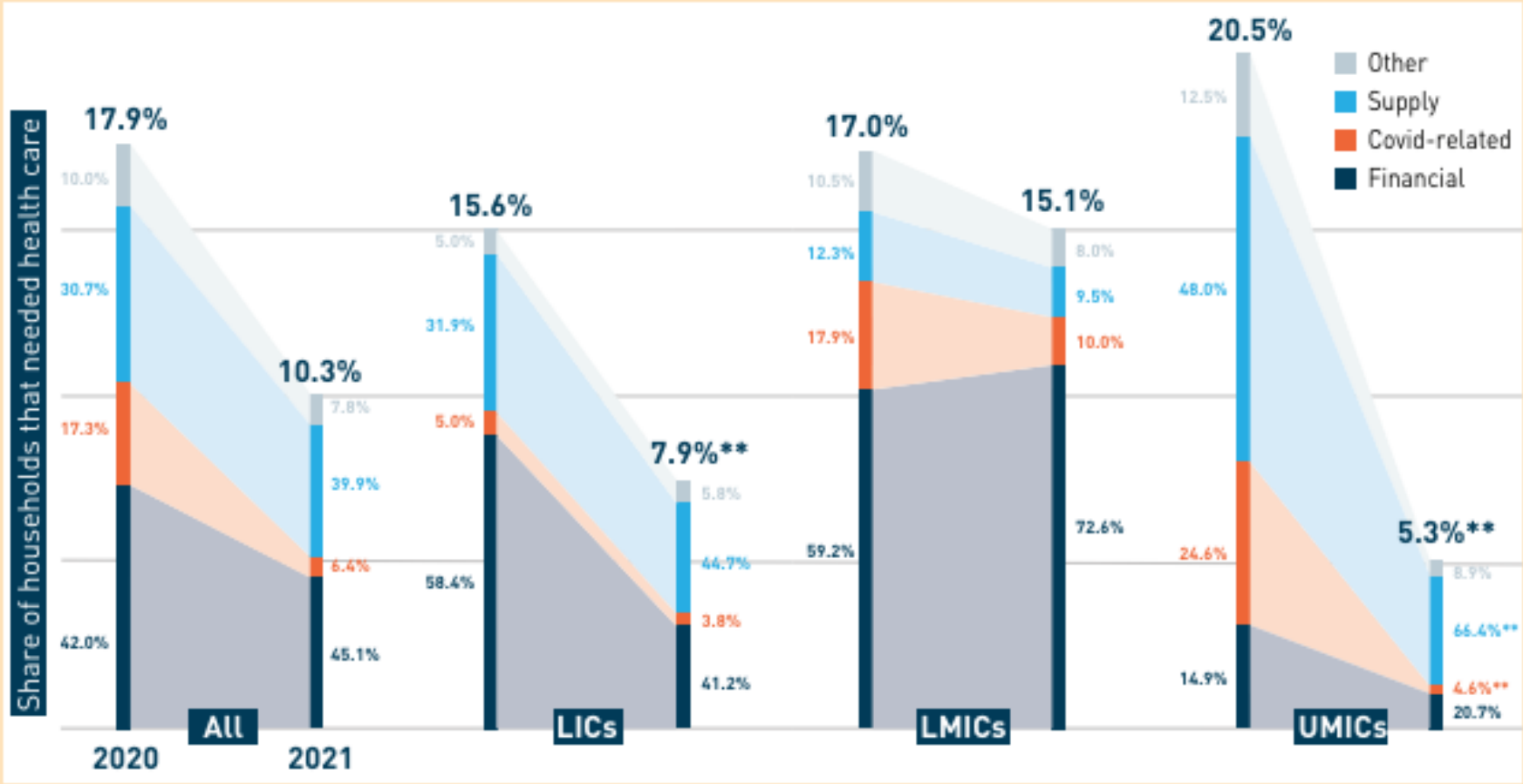
Source: data.worldbank.org

The average population in Africa with access to health services is 44% - (Kenya 53% ($20), Tanzania 43% ($9), Uganda 49% ($13), Rwanda 49% ($6), Ethiopia 35% ($9.5)

*(Average Out of Pocket expenditure per person annually)*

# Reasons for not getting care….

**Fig. 2.13. Reasons for forgone care (as a share of households that needed care), 2020 and 2021, evidence from 25 low-, lower-middle, and upper-middle-income countries**



# Pathway to collaboration for UHC

**Equity**
Focus on the most vulnerable and furthest to reach

**Innovation**
For efficiency, quality and value for money

**Prevention and Primary Healthcare**
Keep people health; sickness is expensive

Primary Health Care

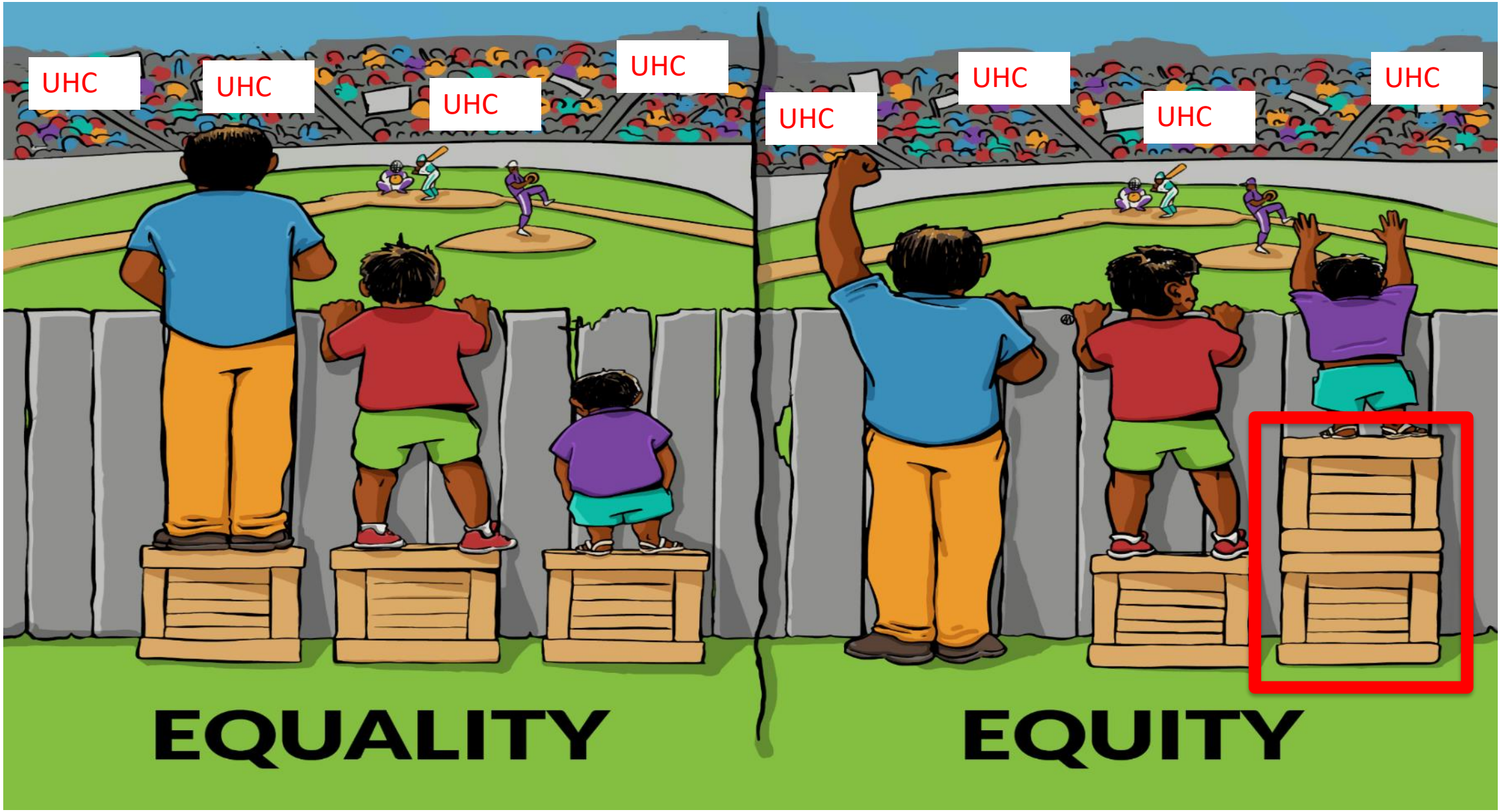
Integrated Primary Care | Multi-sectoral policy and Action | Empowered people & communities

1. Digital Technology for reach, speed & efficiency – EHR, LEAP for CHWs, AI
2. Bottom up innovation and entrepreneurship – Hand held devices, Life saving innovations e.g Zipline
3. Bankable Public-Private partnerships – Opportunities in service delivery, local manufacturing

Continuum of care focus with Equity not just profit at the core

| Level 1 -UNPAID | Level 2 - PAID | Level 3 - PAID | Level 4 - PAID | Level 5 - PAID | Level 6 - PAID |
|---|---|---|---|---|---|
| Community Community Health workers | Dispensary Nurses | Health Centre Doctors and nurses | District Hospital Specialists, GPs & Nurses | Referral Hospital Specialists, GPs & Nurses | Referral Hospital Specialists, GPs & Nurses |

# .....and driven by Equity not Equality




*Courtesy Interactive Institute of Social Change*

# Thank you

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