UNIVERSAL HEALTH COVERAGE AND THE PUBLIC GOOD IN AFRICA

Conference on «The Political Origins of Health Inequities and Universal Health Coverage»

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UiO : University of Oslo

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European Research Council

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UNIVERSAL HEALTH COVERAGE AND THE PUBLIC GOOD IN AFRICA:

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https://www.med.uio.no/helsam/english/research/projects/universal-health-coverage-africa/

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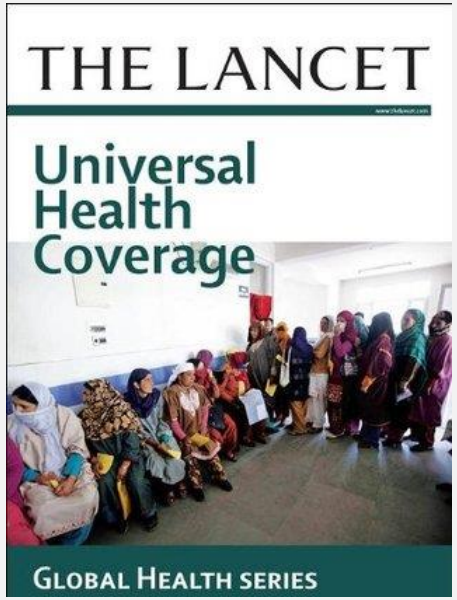
UNIVERSAL HEALTH COVERAGE

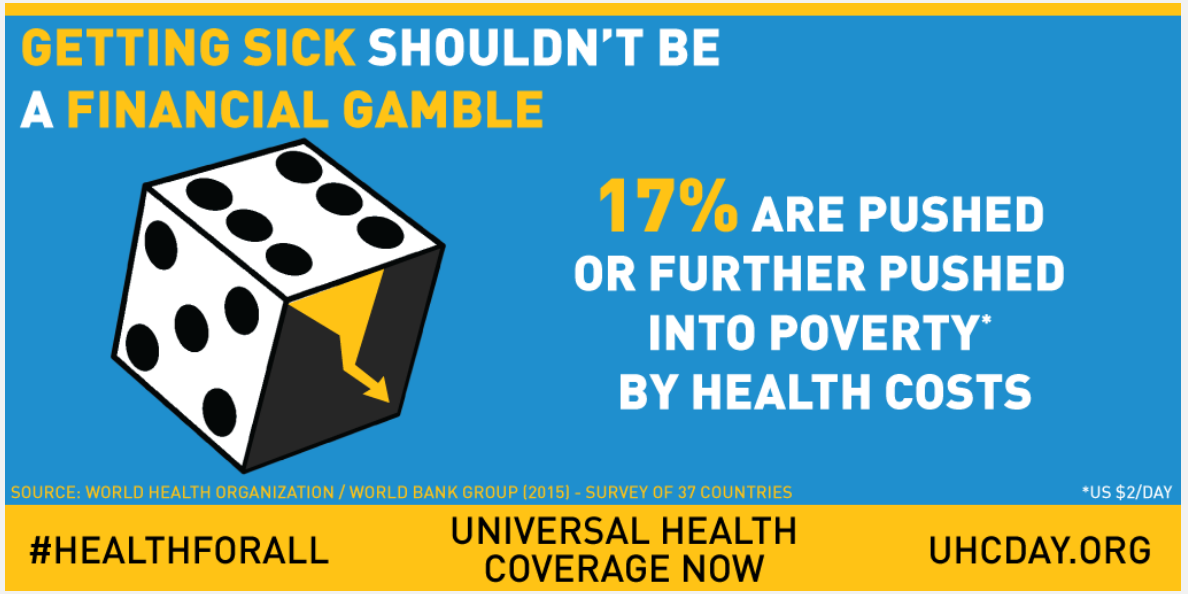
«The single most powerful concept public health has to offer»

Margaret Chan, 2012
director, WHO

http://www.who.int/universal_health_coverage/en/

https://www.theguardian.com/society/2015/jan/06/-sp-universal-healthcare-the-affordable-dream-amartya-sen





Countries we are conducting research in:

- Kenya
- Tanzania
- Zambia
- Ghana

Public concerns
debate
critique
protest

What are the political ambitious surrounding UHC?

A new approach and new ways of thinking about poverty and redistribution, health and development, the state and citizenship?

Yet, UHC is surrounded by contradictions

- UHC involves struggles to formalize social protection while health care remains an extremely profitable market
- UHC promises a greater role for the state and the public sector, yet is driven by private sector involvement and interests
- Many forms of extending health insurance increase fragmentation and are regressive
- A sticking plaster solution – that maintains status quo while offering a miminalist biopolitics of care?

OUR RESEARCH QUESTIONS ARE:

Do moves towards UHC engage with the **state** and with **citizenship**, and with **public and private institutions**, in new ways?

How are **'universal' concepts** such as solidarity, obligation & the public good **defined and contested in local contexts**?

How do UHC reforms intersect with **formal social protection** policies, and with **informal networks of social support**?

Contributions of this project – following UHC on the ground in Kenya, Tanzania, Zambia and Ghana

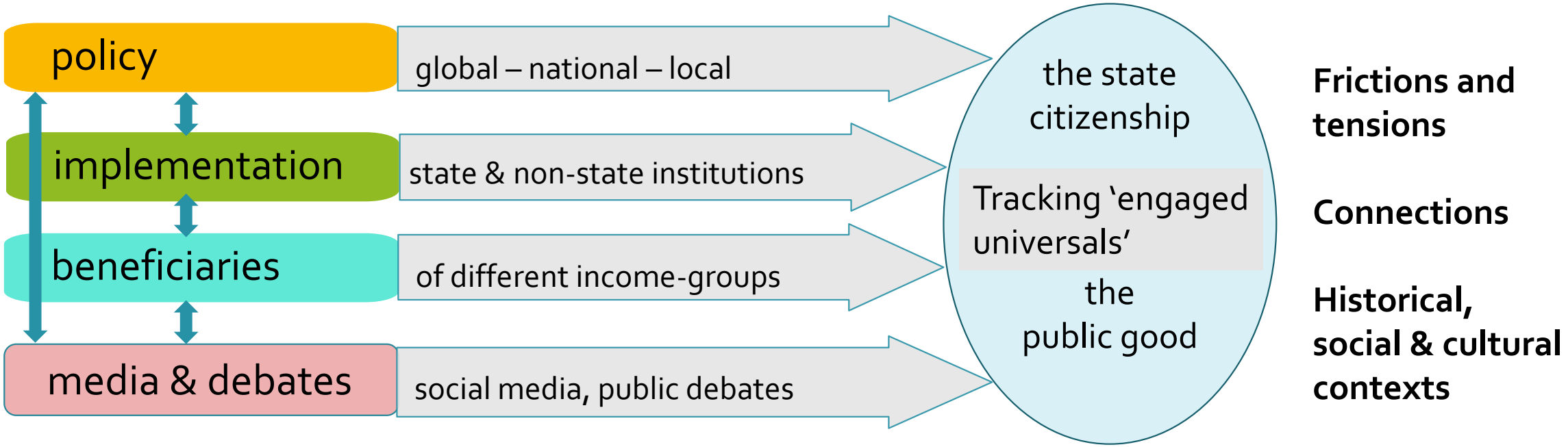
- Perspectives on **governance, the state and citizenship** through focus on how UHC is engaged at different levels and by different actors

- How new forms of social protection imagine and engage with **ideas about the public good**

- **The role of the market/for-profit sector** in UHC and ambitions regarding public goods/social goods

- How people in Africa and elsewhere are **approaching and debating** issues of **inequality, obligation and solidarity**

METHODS: A multi-level & multi-sited ethnographic study



1. Participant observation
2. Interviews
3. Surveys
4. Document collection

«UNIVERSAL HEALTH»

Case study: Kenya's moves towards UHC

- **2013: abolished user fees in PHC facilities**
- **2013: free Maternity care**: Linda Mama
- **Reform of NHIF** – extension to outpatient and to informal sector
- **2013: Social protecton programmes**: Health Insurance Subsidy Programme (vulnerable, poor households)
- **2018: Roll of UHC in 4 pilot Counties**: Roll-out of Health insurance through NHIF (& partnerships with PharmAccess and other insurance actors)

Case study: developments in health insurance in Kenya (which we are researching)

- MicroEnsure: «Transforming insurance in emerging markets» «Pioneering solutions for the uninsured»
- PharmAccess: a Dutch not-for-profit: founded 2001, to stimulate PPPs as a way of improving access to better basic healthcare
- Mtiba: «a donor-funded health wallet in Kenya»

Project website:
https://www.med.uio.no/helsam/english/research/projects/universal-health-coverage-africa/

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