

# 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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# 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/>



European Research Council  
Established by the European Commission

# UNIVERSAL HEALTH COVERAGE

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

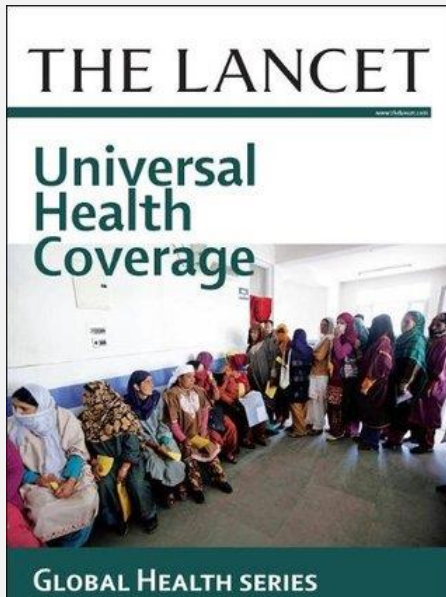
Margaret Chan, 2012 director, WHO





[http://www.who.int/universal\\_health\\_coverage/en/](http://www.who.int/universal_health_coverage/en/)

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



**GETTING SICK SHOULDN'T BE  
A FINANCIAL GAMBLE**



**17% ARE PUSHED  
OR FURTHER PUSHED  
INTO POVERTY\*  
BY HEALTH COSTS**

SOURCE: WORLD HEALTH ORGANIZATION / WORLD BANK GROUP (2015) - SURVEY OF 37 COUNTRIES

\*US \$/DAY

**#HEALTHFORALL**

**UNIVERSAL HEALTH  
COVERAGE NOW**

**UHCDAY.ORG**

## Countries we are conducting research in:

- Kenya
- Tanzania
- Zambia
- Ghana



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debate  
critique  
protest



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**THE STANDARD**  
Kenya's Bold Newspaper

Thursday, September 20, 2012

# ABANDONED

**Ordinary Kenyans who depend on public facilities left with nowhere to turn to as private hospitals, schools and universities mint millions**

By STANDARD TEAM

Across the country the sick lay on benches or near empty wards, groaning in pain, abandoned by the Government and doctors.

Many more suffered silently at home, grappling with pain, but could not reach hospitals because there is none functioning, except the pocket-drilling private institutions, most of which exist solely for profit. At home their relatives



# What are the political ambitions 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 minimalist biopolitics of care?

A photograph of a male doctor in a white lab coat and tie, standing in an operating room. He is looking upwards towards a large, white, overhead medical device. The room is brightly lit, and there are various pieces of medical equipment visible in the background. The doctor is positioned in the center-right of the frame. The text of the research questions is overlaid on the image in light blue boxes.

## 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?**

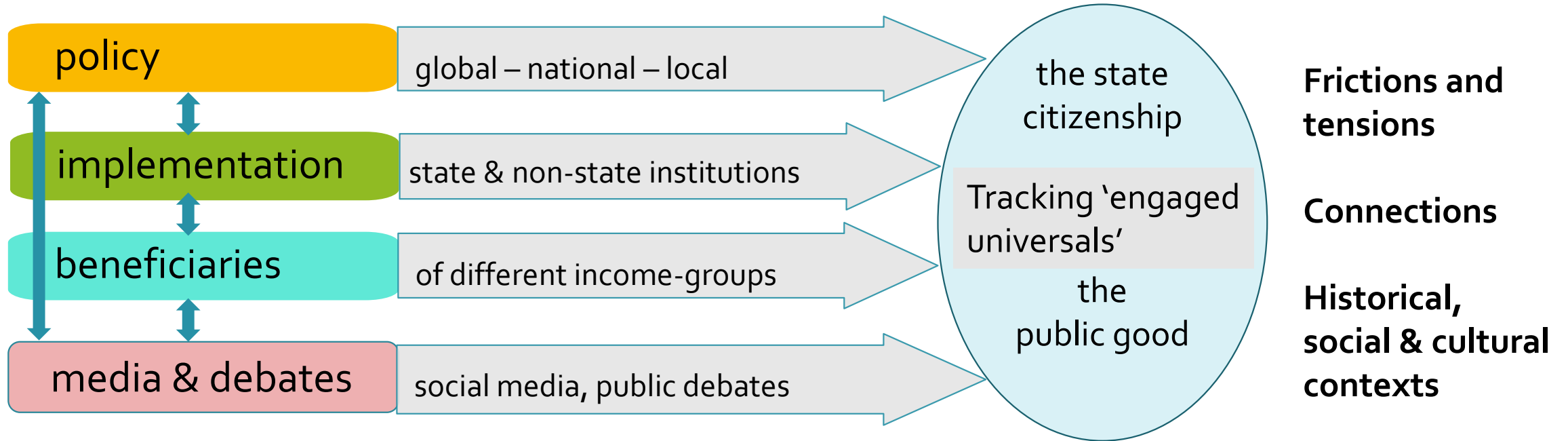
How do UHC reforms intersect with **formal social protection** policies, and with **informal networks of social support?**



## 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 protection 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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