

SCIENTIFIC TRACKS & CALL FOR ABSTRACTS

AFRICA HEALTH AGENDA INTERNATIONAL CONFERENCE

(AHAIC 2019)

**THEME: 2030 Now: Multi-sectoral Action to Achieve
Universal Health Coverage in Africa**

Date: March 5-7, 2019

Venue: Kigali Convention Centre, Kigali, Rwanda

Background

On 25 September 2015, Heads of State, government, and high-level representatives launched the Sustainable Development Goals (SDGs) at the United Nations General Assembly in New York. The 17 SDGs, which built on the success of the Millennium Development Goals (MDGs), set out to tackle world's greatest challenges, including ending poverty, protecting the planet and ensuring prosperity for all by 2030. Sustainable development is achieved when a country meets the needs of the present population without compromising the ability of future generations to meet their own needs. This calls for concerted efforts towards building an inclusive, sustainable and resilient future for people and planet.

The SDGs outline nine health targets, including one that states that UHC is one of the best ways to achieve the other eight health targets because achieving UHC improves all aspects of the health system. Former WHO Director-General Margaret Chan said that "UHC is the most important concept that public health has to offer", and recently, current Director-General Dr Tedros has posited that "All roads lead to universal health coverage".

In response, at the sixth Tokyo International Conference on African Development (TICAD-VI) Summit held in Nairobi, Kenya in August 2016, African Heads of State signed the [Universal Health Coverage in Africa: A Framework for Action](#). Launched in collaboration with the World Health Organisation (WHO), government of Japan, Japan International Cooperation Agency, the Global Fund, and the African Development Bank, the framework represents a powerful commitment to multisector collaboration to achieve UHC – not just because achieving UHC is the right thing to do, but also because it makes economic sense. However, political will and a clear strategic vision are just the first step. Now, leaders across Africa must turn this commitment into action.

In this spirit, the Africa Health Agenda International Conference (AHAIC) 2019 will focus on bringing together diverse stakeholders to take stock of progress so far and share home-grown solutions to the most pressing challenges to attaining UHC. The 2019 theme calls for collective action across sectors with the belief that the synergy between different and diverse sectors will accelerate far-reaching growth and foster holistic development. AHAIC 2019 will advance discussions that map a vision for what it will take to accelerate progress in each country across Africa, paying attention to voices that are typically left behind.

Sub-themes and Tracks

Universal Health Coverage is a rallying call to ensure that all individuals and communities can access quality health services without suffering financial hardship. This includes access to promotive, preventive, curative, rehabilitative and palliative health services over the course of an individual's lifetime. The AHAI 2019 conference subthemes stress the importance of addressing barriers in access, quality, financing and accountability by all sectors to ensure that all countries in Africa are on track to achieve health for all by 2030.

1. Access

The sustainable development goals set an ambitious goal to 'leave no one behind'. For UHC, this means ensuring that everyone, no matter who they are and where they live, has access to quality care without going bankrupt. Beyond access to health services, access also comprises the relevance and effectiveness of services to meet the needs of individuals and communities. Equity of access, an equally important component, can be measured in terms of the availability, utilisation and outcomes of services. Oftentimes, financial, organisational and social or cultural barriers inhibit individuals from accessing quality, affordable health services. As such, barriers to access must be addressed in the context of the differing perspectives, health needs and material and cultural settings of diverse groups in society. Furthermore, a fundamental shift in service delivery is needed, such that services are integrated and focused on the needs of people and communities.

Tracks

- 1.1 Addressing cultural, social and age barriers to accessing health services in Africa
- 1.2 Leveraging technology and innovative models of service delivery to accelerate access
- 1.3 Strengthening and redesigning primary healthcare centres to deliver integrated, people-centered health services
- 1.4 Prioritising initiatives that reach vulnerable, hard to reach and migrant populations with essential health services
- 1.5 Engaging the private sector and forging meaningful Public Private Partnerships for accelerated access to health
- 1.6 Ensuring access to appropriate, safe elective and emergency surgery at all health facility levels

2. Quality

The World Health Organisation (WHO) outlines key components to achieving quality care, including safety, effectiveness and achieving outcomes, as supported by scientific evidence, timeliness, efficiency, equitability and people-centeredness. Yet, the quality of healthcare in Africa is frequently compromised due to inadequate funds, poor infrastructure and workforce shortages. To improve quality of care, there is need to strengthen governance, improve supervision and mentoring, develop robust procurement and supply chain models, and scale-up health information systems.

Tracks

- 2.1 Enhancing monitoring and models for quality assurance to ensure quality of health services
- 2.2 Strengthening human resources for health, and health leadership management and governance, to improve capacity for delivering quality health services

- 2.3 Smart data: Use of health statistics and information systems to inform quality assurance
- 2.4 Leveraging cutting-edge technology and innovation to enhance quality of care in health facilities
- 2.5 Ensuring quality of medicines by enhancing pharmacovigilance to curb the spread of counterfeit medicines and medical devices, and antimicrobial resistance
- 2.6 Achieving patient-centered quality by strengthening non-clinical contributors to quality of health services, including compassion, cleanliness and timeliness

3. Financing

Millions of Africans continue to fall into poverty each year and stay poor due to high out-of-pocket payments for health care. In about half of African countries, 40% or more of health expenditure comes from out-of-pocket payments (OOPs) and in some, OOP contributions are greater than the sum of government and donor funding for health combined. OOPs, which take the form of doctors' fees, surgical procedures, medicines and transport to reach a health facility, can be catastrophic for individuals and their relatives – with some families being forced to sell their property or take their children out of school to pay for healthcare.

Furthermore, although public spending for health in Africa has grown rapidly over the last two decades, domestic financing has stalled. Only four countries had met the 2001 Abuja Declaration target of 15% government spending on health by 2014, and the share of government spending allocated to health decreased in about half in all African countries between 2002 and 2014. Establishing mechanisms for sustainable financing is therefore a key pillar of achieving UHC in Africa.

Tracks

- 3.1 Expanding financial protection, including for vulnerable populations, by strengthening and scaling innovative insurance models
- 3.2 Strengthening public-private partnerships and bringing in new stakeholders to design innovative health financing models
- 3.3 Aligning public financing management systems and health financing policy
- 3.4 Planning ahead: Addressing the ever-growing health needs of populations and costs of health services
- 3.5 Cost-effective healthcare: maximizing returns for investment in healthcare and transitioning from passive to strategic purchasing
- 3.6 Leveraging technology and mobile penetration to scale up financial protection for populations
- 3.7 Public Financial Management for meaningful impact on health status of communities

4. Accountability

Strengthening accountability measures is a critical element in improving health system performance, leadership and return on investment. There must be transparency at all levels – financial, performance, and political – and people at every level of an organisation have a duty to deliver on commitments they have made. To ensure robust accountability measures, there is need to establish frameworks that reduce fiscal abuse, assure compliance with procedures and standards, and improve performance and learning.

As countries in Africa take on more health financing responsibility, fiscal accountability will be an increasingly important determinant of the region's capacity to achieve universal health coverage. Recent [data](#) released by Harvard Medical School shows that of the USD 6.5 trillion spent annually on healthcare, an estimated USD 455 billion is lost, stolen or misused, with the majority of this abuse occurring in developing countries. There is clear need to redefine the analytic frameworks for accountability in health systems, the roles of various health sector actors in ensuring accountability, and strategies to strengthen accountability, including through community participation.

Tracks

- 4.1 Creating a culture of accountability in healthcare: Defining the roles of health sector actors and developing frameworks for accountability in health service delivery systems
- 4.2 Accountability in health financing: Enhancing monitoring on returns in healthcare investments
- 4.3 Looking Back: Tracking progress against health commitments made by African leaders
- 4.4 Social accountability and the "unheard" voice of citizens: Activating communities to demand for the right to health
- 4.5 Measuring accountability: Leveraging health Information systems to enhance and monitor impact

Abstract Submission Guidelines

Abstracts should focus on scientific evidence generated from either research or project/ programme evaluations conducted by the authors. Abstracts are welcome from across the globe. The maximum word count for abstract submissions is **300 words**. Please do not send supplementary materials (photos, articles or reports) with your abstract.

The submitting author will receive an email message confirming receipt of the abstract.

All abstracts must be submitted in English. Abstracts to be submitted at:

<http://ahaic.org/abstracts/submit/>

The Conference will accept abstracts in two formats: Scientific and Best Practices (programme/ project).

1. Scientific format

This structured abstract includes the following sections: background, objectives, methods, results, conclusions and recommendations.

Background: *indicate the conference track to which the abstract is aligned, the purpose and objective of the research, the hypothesis that was tested or a description of the problem being analysed or evaluated.*

Methods: *describe the setting/location for the study, study design, study population, sampling, data collection and methods of analysis used.*

Results: *present as clearly and detailed as possible the findings/outcome of the study, with specific results in summarised form. Inclusion of gender breakdown of data is strongly encouraged.*

Conclusions and Recommendations: briefly discuss the main outcome of the study. Emphasize the significance of the track selected.

2. Best Practices (Project/Programme) format

This structured abstract includes the following sections: issue(s), description, lessons learnt, and recommendations.

Issues: a summary of the issue(s) addressed by the abstract, and indication of conference track to which the abstract is aligned

Description: a description of the intervention, project, experience, service

Lessons learnt: conclusions and implications of the intervention or project. Data that supports the lessons learned and evidence must be included.

Next steps: possible next steps for implementation or recommendations

Please note the following additional information regarding abstract submissions:

- The number of authors per abstract is unlimited. However, only one author can be listed as the presenting author.
- Use Times New Roman font, size 12 when formatting your text.
- Tables, figures, literature references, and acknowledgments should not form any part of the abstract's content.
- Define all abbreviations and concepts in your abstract at first use.
- Include 3-5 key words
- Save the file as a Word 97-2003 or later version document

Accepted abstracts will be presented using 2 formats:

1. Oral presentations
2. Poster presentations

Abstract Review and Deadlines

All abstracts must be received by the Africa Health Agenda International Conference Scientific planning committee by **October 15, 2018** at 11:59 PM (**Kenyan time**)

Abstracts acceptance/ decline notices will be sent by **November 15, 2018**. Notifications will be emailed only to the corresponding author who submitted the abstract submission.

Amref Health Africa Young Researcher Scholarships

The Africa Health Agenda International Conference is pleased to offer a limited number of scholarships to students undertaking PhD or masters degrees that demonstrate potential to contribute to the field of public health systems research, or are professionals aged below 30 years old. The scholarships will be towards the cost of travel, accommodation and registration to attend the Conference in March 2019.

Those wishing to be considered should apply for the scholarship during submission of abstracts by filling the application form obtained through the link <https://ahaic.org/abstracts/wp-content/uploads/2018/05/AMREF-HEALTH-AFRICA-YOUNG-RESEARCHERS-SCHOLARSHIPS-APPLICATION-FORM.pdf>

Scholarship application closing date: **October 15, 2018**
Scholarship decision date: **November 30, 2018**

Contact Information

Please direct all inquiries regarding the Call for Abstracts to the AHAIC Scientific Committee via the following email address: abstracts@ahaic.org