PRARI poverty reduction and regional integration
RePIR reducción de la pobreza e integración regional

The Open University

PRARI Policy Brief

December 2015

Southern African Development Community Health Policy: Under Construction

Erica Penfold

Introduction

Regional health policy in Southern Africa is still under construction. The SADC Protocol on Health, signed in 1999, lays the cornerstone for health development in the region. A pressing issue in the SADC region is a lack of coordinated access to healthcare and support from civil society and the Global South. The SADC Regional Indicative Strategic Plan (RISDP) lays the ground work for change within SADC. However, certain issues are not addressed in the RISDP and by SADC more generally.

With the revision of the RISDP, this is an opportune time to present innovations for SADC's consideration. This Policy Brief makes five proposals for policy innovations for SADC. Individual member states may propose any one of these innovations to other SADC Member States to initiate policy development.

Areas of Policy Innovation

1 Cross border initiatives
2 Access to pharmaceuticals
3 Civil society coordination
4 Regional health diplomacy
5 Horizontal vs. vertical healthcare

1 Cross border initiatives: HIV and AIDS and Malaria

The Cross Border Intervention for HIV and AIDS is a Global Fund initiative which has established mobile clinics at border sites for the benefit of vulnerable populations, migrants and border communities. Individuals can go to these clinics and receive primary health care. This initiative is important because it addresses the problem of migrant access to healthcare.

The Cross Border Initiative for Malaria commits participant SADC states to standardising and synchronising malaria control interventions, including indoor residual spraying (IRS), distribution of mosquito nets and early treatment of malaria cases with antimalarial medicines.

The two initiatives are still in their early stages. SADC member states have committed to taking responsibility for the initiatives after a certain period of time. This requires the financial and human resources to sustain the projects. M&E and a strengthened strategy for continuation of the initiatives would demonstrate

PRARI Policy Briefs present accessible information on current issues in regional social policy and poverty. Readers are encouraged to quote from them or duplicate them, but as copyright holders, the PRARI team request due acknowledgement. This Brief may be cited as Erica Penfold (2015) Southern African Development Community Health Policy: Under Construction, PRARI Policy Brief No 7, The Open University, Milton Keynes. This Brief is available at http://www.open.ac.uk/socialsciences/prari/

This work was carried out with support from the Economic and Social Research Council (ESRC), Grant Ref. ES/L005336/1, and does not necessarily reflect the opinions of the ESRC.

For all enquiries please contact us at: prari@open.ac.uk

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL
UKaid from the British people
Research jointly supported by the ESRC and DFID

effectiveness of the initiatives and create impetus to extend these projects at the country level. It is important to extend these projects to help strengthen primary care for migrant populations and border communities.

SADC Protocol on Health

- Signed on 18 August 1999
- Principal objectives include commitment to developing regional health policies
- Promoting health care for all through better access to health services in the region
- Commitment to Primary Health Care
- Promoting cooperation in regional healthcare in all SADC member states.

2 Access to pharmaceuticals

SADC would benefit from more efficient regulatory procedures for medicines. Stockout challenges amongst others need to become a thing of the past. A guaranteed extension of the SADC Pharmaceutical Business Plan is needed, to ensure continued regulation of pharmaceutical markets in the region.

Regional Pharmaceutical policy is outlined in the SADC Health Protocol and the SADC Pharmaceutical Business Plan. These identify harmonisation of pharmaceutical procedures, quality assurance and registration and production, procurement and distribution of affordable medication as priorities.

The SADC region experiences a number of issues regarding pharmaceutical access, including poor supply chain management, irregular procurement of essential pharmaceuticals and national coordination of stocks, resulting in nationwide stockouts in a number of SADC states (SARPAM, 2014, Stop Stockouts Consortium, 2015, WHO, 2014). As a result millions of people needing medicines do not access them when they need them, resulting in increased illness and infection rates.

> *"The overall goal of the SADC Pharmaceutical Business Plan is to ensure availability of essential medicines including African Traditional Medicines to reduce disease burden in the region. Its main objective is to improve sustainable availability and access to affordable, quality, safe efficacious essential medicines including African Traditional Medicines."*
>
> SADC Phamaceutical Business Plan (2007-2013)

The SADC policy document for regional access to pharmaceuticals is the SADC Pharmaceutical Business Plan (2009-2013) (SADC, 2014). The Pharmaceutical Plan has expired. Member states need to agree on how to extend the current plan. Civil society must be consulted on plan submissions, and pharmaceutical companies should be consulted as technical advisers for the drawing up of the plan. Regional commitment to renewal of the business plan would allow states to find solutions for medicines procurement and stockout problems.

There is a need for a regional consortium on pricing and access to pharmaceuticals and harmonisation of national pharmaceutical policies. The extension of the Business Plan would lay the groundwork for state commitment to regional implementation of the plan. Difficulties in obtaining accessing import permits, the presence of multiple national drug regulatory authorities which differ according to permissions policies, differing external generic markets, national government policies and the Agreement on Trade Related Aspects of Intellectual Property (TRIPS), all hinder access to medicines. Existing regulatory barriers, external competitors and a lack of extended, effective business plan are all barriers to implementation of regional access to pharmaceuticals (Bateman, 2013, Stop Stockouts Consortium, 2014, GIZ 2014).

Communities and civil society are at the heart of strong, accountable health systems — at grassroots level, they represent the end users of health services; they are also engaged in implementation, service delivery, planning and priority setting, advocacy, and monitoring and evaluation (M & E). The crucial contributions of empowered and informed civil society in stimulating community demand, expanding access to health services, extending coverage for marginalized populations, protecting and promoting rights-based approaches to health, and strengthening health systems governance preceded and contributed greatly to the recent launch of new Global Health Initiatives (GHIs) (WHO) (Maximising Positive Synergies Civil Society Consortium, 2009)

3 Civil society coordination

SADC's health policy, the Secretariat and health directorate would benefit from engaging further with civil society. Individuals and communities who use health services, contribute to health services, and provide care should play an important role in developing policies and systems. SADC would benefit from including civil society for public accountability. SADC could also be considered as a civil society champion in the region, by the Secretariat acting as a coordinating mechanism for a civil society advisory desk for health organisations.

This desk could promote civil society agendas, for addressing concerns at a ministerial level and on government agendas.

Civil society plays a fundamental role in the policy making, decision making and implementation process. Whether this is acknowledged at a regional level is unclear, considering the different reporting mechanisms in SADC. All actors need to be considered in policy processes. Regional policy making must be an inclusive process to consider all perspectives.

The role of civil society is to challenge decision making processes, often conducted without consultation by government and ministries. Civil society can aid decision making by holding states accountable and ensuring the needs of all citizens and residents are met, particularly in terms of health.

Civil society action in Southern Africa encourages debate on health issues. Civil society holds government to account to consider issues of human rights and medical ethics. This would be essential to the meeting of unmet needs of communities and individuals and to strengthening health systems (systems which contribute to providing health services for populations) (WHO, 2015).

4 SADC regional health diplomacy and leadership

SADC policy and SADC as a regional organisation would benefit from liaising with other developing countries in the Global South. SADC could lead as a facilitator for promoting South-South cooperation amongst regions in the Global South and lead training of health diplomats to perform this task.

A training programme could be a solution for South-South health development management and diplomacy. Training for SADC country representatives could take place at inter-ministerial meetings and elected diplomatic representatives could benefit from advanced health diplomacy training to better manage regional and global health challenges.

There is currently very limited formal postgraduate training on regional diplomacy. What training that exists could be expanded to include health diplomacy and links could be set up between other Southern African university institutions for diplomat training programmes region-wide. This could be expanded over time to include social protection.

Training programmes of this nature could establish some important parameters for regional health diplomacy in SADC and help develop more effective responses and capacity building. Health diplomacy would strengthen SADC's capacity to negotiate health policy needs in country and in the region. By providing training, this would help to fill the gap needed for health diplomacy. Current global health agendas reflect the importance of health diplomacy – by the Southern African Development Community needs to engage with these trends. Programmes could inform regional health and foreign policy sectors to create effective regional response mechanisms for any regional health issues, for example, another Ebola outbreak.

5 Horizontal vs vertical healthcare in SADC

SADC must generate funds and resources for horizontal universal healthcare systems. The SADC region has experienced vertical responses to HIV and AIDS, TB and Malaria. Horizontal approaches are resourced by publicly financed healthcare systems (or comprehensive primary care). Horizontal approaches, including provision of routine immunization, community directed treatment strategies (for example, the control programs for African onchocerciasis, also known as river blindness, or Robles disease) which focus on prevention and care for prevailing health problems (SADC, 2014).

Healthcare approaches can be vertical, horizontal or integrated. Horizontal healthcare refers to methods of more established prevention and care through publicly financed healthcare systems (also known as comprehensive primary care (Penfold, Fourie, 2014). Vertical systems target health issues with interventions that are not integrated into health systems (disease specific for the most part). Integrated systems make up both vertical and horizontal approaches.

Horizontal systems are essential for sustainable, effective health care. They:

- can deliver preventive services to poorer people who can't afford private healthcare;
- are cost effective and sustainable in the long term.
- can be integrated into the public sector, if financed by government revenue and a broader, sustainable health plan.

The difficulty with horizontal systems is that states require a level of stability, reasonably stable infrastructure and resources.

The effectiveness of these approaches is questionable in developing countries, considering the challenges for resources, disease control and pharmaceutical provision. An ideal healthcare response would be an integrated response, combining vertical and horizontal health systems.

Developing countries typically struggle with inefficient healthcare delivery, fragmented health systems and overstretched health budgets, relying on external intervention by means of vertical healthcare campaigns. However, vertical systems target specific health issues with interventions that are not fully integrated into health systems. Vertical systems have shown success in eliminating smallpox and controlling vaccine-preventable diseases. However, vertical programmes are difficult to integrate in country health systems. People who are ill most often need to be treated holistically. Health resources must be capable of providing integrative care, instead of just being available to treat one disease.

Vertical approaches to health care are a challenge. This is because they:

- neglect the importance of integrated healthcare systems, healthcare infrastructure and expansion of sustainable healthcare environments.
- risk diverting scarce human and financial resources from efforts to develop comprehensive health care resource-constrained health systems (Eisinga, 2005).

SADC Member States need resources for better quality, integrated healthcare across the region.

Conclusion

Health policy can be made more effective particularly at a regional level. Renewed attention on cross border interventions, regional access to pharmaceuticals, regional management of healthcare, civil society inclusion, south-south cooperation and integrated healthcare in SADC states are initiatives that SADC can renew efforts to addressing in the future. The challenges are long term focal points as resolutions cannot be sought immediately. However, continued pressure and awareness of these key interventions will create a significant difference to poorer populations needing healthcare in the region.

This Policy Brief is an adaptation of arguments presented in Penfold E, Fourie, P (2015) Regional health governance: A suggested agenda for Southern African health diplomacy, *Global Social Policy s*pecial open access issue on regional health governance and policy edited by Pia Riggirozzi and Nicola Yeates, 15:3, available from http://gsp.sagepub.com/ and http://www.open.ac.uk/socialsciences/prari/communications-outputs/. The author thanks Nicola Yeates for her editorial and substantive inputs into the preparation of this Policy Brief. Other PRARI Policy Briefs are available from The Open University at: http://www.open.ac.uk/socialsciences/prari/communications-outputs/

References

Bateman, C (2013) *Drug stock-outs: Inept supply-chain management and corruption*, SAMJ Vol 103:9, Available at: http://www.samj.org.za/index.php/samj/article/view/7332/5356

Eisinga, G (2005), *Vertical-horizontal synergy of the health workforce*, Bulletin of the World Health Organisation, Available at: http://www.who.int/bulletin/volumes/83/4/editorial10405/en/

GIZ/SAIIA (2014) *Regional Business Barriers: Unlocking Potential in Southern Africa*, Available at: file:///C:/Users/a0007326/Downloads/141125_EDIP_GIZreport_pg1-7.pdf

Penfold, E, Fourie, P (2014) *Ebola and Cultures of Engagement: Chinese versus Western Health Diplomacy*, Council on Foreign Relations Memo Series, Available at: http://www.cfr.org/councilofcouncils/global_memos/p33560

SADC (2012) *SADC HIV and AIDS Cross Border Initiative – a Global Fund Project*, USAID, SADC Secretariat, Available at: https://www.k4health.org/sites/default/files/SADC_Cross_Border_Initiative_2012.pdf

SADC (2011) *SADC HIV and AIDS Cross Border Initiative Summary Document,* SADC Secretariat, hard copy obtained

SADC (2014) *About SADC*, Available at: http://www.sadc.int/about-sadc

SADC (2014), *SADC Secretariat*, Available at: http://www.sadc.int/sadc-Secretariat

SADC (2007) *SADC Pharmaceutical Business Plan*, Available at: https://www.unido.org/fileadmin/user_media/Services/PSD/BEP/SADC%20PHARMACEUTICAL%20BUSINESS%20PLAN%20-APPROVED%20PLAN.pdf

SADC (2001) *Regional Indicative Strategic Development Plan*, Available at: http://www.sadc.int/about-sadc/overview/strategic-pl/regional-indicative-strategic-development-plan/

SSP Stockouts National Survey (2013) *Stop Stockouts in South Africa*; A National Crisis, Available at: http://www.sahivsoc.org/upload/documents/Stop%20Stockouts%20and%20QA.pdf