

DRAFT CSOs ADVOCACY AND ACCOUNTABILITY STRATEGY

ON

UNIVERSAL HEALTH COVERAGE AND DOMESTIC HEALTH FINANCING

IN UGANDA

Contact:

Moses Mushime: mushmoses@yahoo.com

Moses Mukuru: mukurumose@gmail.com

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1. BACKGROUND

Civil society organizations in Uganda recognize the need for concerted efforts that will lead to the progressive realization of the right to health through universal Health coverage (UHC) - where all people in Uganda, regardless of their socio-economic background, gender, or age, have access to the health services, peculiar to their needs, without financial hardship.

Driven by principles of inclusivity, transparency and accountability, evidence-based national health strategies and broad-based cooperation, Ugandan CSOs coalescing on UHC, and health financing have one common objective: *To build momentum and campaign for progressive realization of UHC and increased domestic health financing.* This strategy has been developed by a group of 20 Ugandan civil SCOs under the umbrella of *Coalition on Health Financing in Uganda* with support from WACI Health and its global partners, including; the World Bank, the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Global Financing Facility (GFF); Gavi; the Vaccine Alliance; UHC 2030; and the Partnership for Maternal, Newborn and Child Health (PMNCH). The strategy will be reviewed regularly to respond to the dynamics and circumstances around the country's health policies and leadership.

This advocacy strategy sets out key strategies and tactics that CSOs coalescing around UHC, and domestic health sector financing can use to influence policy, financing and budget processes that will lead to full realization of human rights in Uganda through UHC. This advocacy plan also sets out key monitoring and accountability mechanisms that can be undertaken by CSOs to monitor the implementation of the government commitments and hold the duty bearers accountable. The document sets-out a two-year action plan that will strengthen the already existing CSOs' advocacy and accountability efforts, build momentum for UHC and health financing, and bring all actors together in pursuing the common agenda. The document is informed by broad-based consultations and feedback from participating CSOs.

The first phase of this strategy lasts for 2 years where after CSOs will convene to review the strategy and continue implementing their advocacy activities in a broad-based cooperation. Annually, there will be a one-year advocacy implementation plan developed to compliment and actualize this strategy.

2. DOMESTIC HEALTH FINANCING FOR UHC: UGANDA'S CONTEXT

Profoundly, we believe that UHC is a social contract between the state and the population and health financing for UHC is both a technical and a political agenda of a government that is in power. A government can choose to prioritize the health and well being of its population as a way of strengthening its legitimacy and being accountable. In Uganda's context the constitution guarantees the right to health and there are other enabling laws and policies that underpin the country's road map to UHC. Uganda is also part of the global community that has made commitments on UHC as per sustainable development goal (SDG) target 3.8 - achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective,

quality, and affordable essential medicines and vaccines for all.

We however recognize that Uganda's health sector is chronically underfunded with the health sector budget share consistently oscillating between 5% and 6% for over a decade against the recommended 15% as per the 2001 Abuja declaration. The country lags on many UHC index indicators: only 2 percent of the population have insurance coverage, over 16 women die only on a daily basis while giving birth, there remains a critical shortage of health workers, and lack of basic health infrastructure at sub county level.

We are cognizant of the fact that achieving UHC can't just be about health financing. There are other social economic determinants of health, including access to water, employment, education, housing, and food, among others.

While Uganda has progressive policies that can augment UHC and increased domestic financing, we take exception that the passing of the enactment of the National Health Insurance scheme Bill has been long overdue, and millions of Ugandans continue to slip into poverty due to the economic burden of out-of-pocket health expenditure. About 20.3% of Ugandans, approximately 9 million people, live in abject poverty.

The implementation of Uganda's health financing strategy 2014/15 - 2024/15 has delivered much on risk pooling and strategic purchasing. The Government Willingness of to Spend on Health from Own public Domestic Resources (Health Expenditure % of General Government Expenditure) is still very low 5.1%, domestic general government health expenditure as a percentage of current health expenditure at 15.5%, OOP expenditure as a percentage of CHE at 38.5% and external funding as a percentage of CHE at 43.2%. We are convinced that putting in place the NHIS that provides for compulsory contributions where the poor and vulnerable are subsidized with public revenues is an important milestone in Uganda's road map to UHC. We must call on government to

Against this background, must commit to provide sufficient resources and come up with progressive and robust equitable policies and plans that translate into quality care accessed by all without facing financial hardships.

We understand that there are inevitable trade-offs on pathways to UHC partly due to competing government priorities as we know that governments can make commitments to UHC but fail to implement or the duty bearers fail to account. Thus, we shall engage in monitoring the implementation of the commitments made towards health financing and UHC as well as institute accountability mechanisms through a multi-stakeholder process. We shall do this through strengthening capacities of partners and putting in place a community of practice, working with the media, legislators, grassroot organizations, professional bodies, bureaucrats from ministries of finance and health and academia in our advocacy, monitoring, and accountability work.

In addition, we recognize that there are regional and international mechanisms through which our advocacy efforts can be amplified under various human rights instruments and conventions including UDHR, ICSECR, AHPR. We shall not hesitate to use these mechanisms, including litigation, as means to advocate for UHC and increased health financing in Uganda.

Our advocacy work is anchored on broad-based cooperation, and we must be accountable to those who entrust us with the responsibility of representing them. In the same spirit, we shall call to action the private sector players to be accountable to the population they serve. We shall, therefore, engage in the efforts that strengthen accountability in the private sector and work with private sector constituencies to advance the UHC agenda.

We recognize the unique contribution of each of the players in the advocacy for UHC and increased health financing. While as CSOs we may represent the views of the vulnerable, we know that the media set in motion, shape, and influence public discourse; members of parliament lay appropriation and oversight function and academia can engage in research that informs policy making. Thus, this coalition will strengthen these synergies across health financing advocacy, monitoring, and accountability.

While a lot of work may be done by individual CSOs, the focus of the coalition will be building a community of practice, generating evidence to inform advocacy, devise unified messages, mobilize grassroots and drum-up for high-level political support for UHC and increased domestic health financing.

3. THE UNIQUE VALUE OF OUR WORK

We set out to be a multi-stakeholder coalition that is mandated to, and solely focused on advancing UHC and increased domestic health financing in Uganda. Our unique value is in our convening power to cultivate a community of practice and generate polished evidence for advocacy UHC and health financing, monitor governments UHC commitments and hold the duty bearers to account.

Consequently, our added value in advocacy, monitoring and accountability in the health sector is in relation to generating evidence for UHC discourse, convening stakeholders, building momentum and broad-based cooperation that leaves no stakeholder behind. In this regard, multi stakeholder participation is very important for various reasons. One, it will give a platform for every one including marginalized and vulnerable people to voice their concerns, two, it will give legitimacy to our work. Thirdly, there will be a sense of shared ownership.

The coalition will focus on primarily advocacy on UHC and Health financing, monitor commitments made and institute measures that hold duty bearers accountable. In that spirit, we shall endeavor to promote constructive and collaborative approach to advocacy, monitoring, and accountability for UHC.

At the national level, we will build the momentum and shape the discourse on UHC and health financing, bring all actors (SCOs and MDAs) together, provide technical expertise and generate research and evidence to inform advocacy and unified messaging. We will facilitate high-level dialogues, aggregate all collective demands, convene partners, build a community of practice on UHC and health financing, support consensus building on advocacy, and shape priorities for where further action is needed to accelerate progress towards UHC in Uganda.

Our advocacy work will stimulate greater political commitments towards UHC and increased health financing through high-level advocacy and will front a collective and sustained set of demands in every budget cycle.

We will seek to engage all confrontational and non-confrontational advocacy efforts, use both supply and demand driven accountability mechanisms and facilitate joint engagements. We will strengthen the capacities of CSOs engaged in UHC advocacy work both at national and sub national levels, including youth and women groups, legislators, journalists to effectively engage in the advocacy and accountability process.

With the broad UHC system-wide focus, we are well-placed to convene different UHC advocacy, monitoring, and accountability related initiatives, identify opportunities for collaboration and build a community of practice.

In doing this, our collective advocacy, monitoring, and accountability work should learn from and build on what is already underway, and produce greater efficiency in the use of resources, better managing the proliferation of advocacy accountability initiatives for health. Leveraging existing opportunities will allow us to achieve greater scale in our work on advocacy, monitoring, and accountability for UHC. This will be especially vital given the lean nature of the Core Team Amidst limited resources.

4. PILLARS OF UHC ADVOCACY AND ACCOUNTABILITY STRATEGY The ambition of our advocacy, monitoring and accountability work is to ensure progressive realization of UHC happens in Uganda with participatory processes in place to identify emerging challenges and corrective actions, and we will work through partners to affect this. We will work closely with existing coalitions, working groups and initiatives to avoid duplication and leverage collective action. We will seek to complement what other partners are doing on accountability, and forge synergies for health sector wide

efforts.

By end of 2030, the coalition will contribute to:

1. Generation of research on UHC and health financing in the context of Uganda
2. Lobbied for legislation on NHIS that has compulsory contribution and where the indigent and vulnerable get subsidies financing by public revenues.
3. Strengthened advocacy and accountability engagement on UHC and domestic health financing by CSOs, media and legislators
4. Better understanding of CSOs to hold government and private players in the health sector accountable
5. Built and harnessed synergies across the spectrum of players in the UHC advocacy and accountability initiatives
6. Cultivated relationship with the media to report on UHC and domestic health financing in Uganda

5. STRATEGIC APPROACH

The strategic approach outlines how the coalition will work to contribute to the outlined pillars mentioned herein. At this stage, the strategic approach sets the agenda and will shape specific activities that the coalition is set to undertake to strengthen advocacy efforts on UHC and domestic health financing, monitoring, and accountability. These activities will be detailed in the annual implementation plans that will be developed and tailored to funding and other circumstances obtained at the time.

We will pursue a phased and incremental approach that is informed by evidence in our advocacy, monitoring, and accountability work. In the first phase, we shall focus on laying a strong coalition that is accommodative of every stakeholder and abides to good governance principles.

We will mobilize and strengthen specific UHC and health financing advocacy and accountability activities at both national and sub national levels to optimize multi stakeholder contributions, while leaving no one behind. We will work with the media to shape the debate on UHC and domestic health financing in Uganda, we shall set key ambitious targets and work with both state and non-state actors to push for the progressive realization of these targets as means of accelerating the progress to UHC. We will harness the power of collaborators and champions within government.

The Core Team will **convene related health accountability initiatives to share information, identify common priorities, opportunities for collaboration** at strategic and operational levels.

6. IMPLEMENTATION ARRANGEMENTS

The coalition's **Core Team** will be responsible for developing and implementing the strategy and workplan, in close collaboration with a range of stakeholders, related initiatives and other areas of work.

The Core Team will establish a **structured process for regular sharing with the secretariat of related initiatives** that have a clear focus on UHC and domestic health financing advocacy, monitoring, and accountability to allow for a regular flow of information, to facilitate learning from one another, and to identify opportunities to work together.

A broader **Community of Practice** will be developed to engage a wider group of partners in our accountability work and to allow for the exchange of information and tools, using existing networks or listservs where appropriate.

In addition to providing strategic guidance and oversight, the **Steering Committee** will also serve as a platform for multi-stakeholder review and dialogues on political and institutional issues emerging from the advocacy, monitoring and accountability work supported by the partnership.

7. KEY ADVOCACY ACTIVITIES

- I. Mobilizing active grassroots constituencies to provide popular support for the UHC and domestic health financing campaign.
- II. 2. Push for collective set of demands on UHC in each cycle through the health budget position paper presented to the Parliamentary committee on Health.
- III. 3. Cultivating relationships with journalists covering health issues and conducting broader media advocacy through press conferences and briefings.
- IV. 4. undertake research and documentation on UHC and health financing to provide evidence-based arguments for the UHC and domestic health financing campaign
- V. 5. Engaging in petition drives and demonstrations to show popular support for UHC and increased domestic health financing.

VI. Hosting regular breakfast meetings with members of parliament and public officials to provide talking points, information, and encouragement.

VII. Facilitating effective communication within the coalition to ensure that all coalition partners stay on message and can coordinate the timing of their efforts.

VIII. Launching innovative public communications campaigns, including an SMS campaign targeting MPs, as well as effective public messaging and outreach. IX. Conduct high-level dialogues on UHC and health financing in Uganda

X. Push for legislative reforms, including insurance laws, that will promote the progressive realization of UHC.

XI. Develop policy brief on UHC and health financing addressed to the minister of Health

8. DEFINING SUCCESS

The major success indicators of the plan include the number CSOs actively engaged in the campaign; the number of high-level breakfast meetings held; the number of CSOs, journalists and elected leaders trained; the number of petitions filed, the number of demonstrations held; the number of policy briefs produced; the number of press briefings held; the number of research reports produced; the number of outreach campaigns conducted in marginalized and minority communities. Outcome and impact indicators include; percentage increase in health financing, percentage decrease in OOP expenditure; reduced income inequality and poverty levels, improvement in human development indicators; the enactment and implementation of NHIS, and reduction in maternal and infant mortality rates.

9. SUSTAINABILITY OF THE PLAN

The civic engagement activities will be financed by grants and donations (cash and in kind) sourced from global partners and coalition members. Short-term activities are expected to cost \$30,000 while long term activities will cost \$300,000. To ensure the sustainability of activities, we shall build the capacity of CSOs under the coalition to be able to implement some of the civic engagement activities aligned to the core activities and mandate. Also, we shall undertake cascaded training to ensure that CSOs who are trained on Health financing and UHC advocacy can train their counterparts. We also hope that the passing of NHIS will provide a legal framework for sustainable health financing in the country. The coalition shall be registered as a legal entity so that it can continue fundraising on its own.

10. PARTNERSHIPS AND COLLABORATIONS

We intend to build a coalition of over 100 national and sub-national and grass-root organizations, including women and youth groups and associations. This coalition will

have a secretariat that will facilitate a community of practice and regular flow of information, learning from one another, and identifying opportunities to work together. We shall also work with political parties, medical workers unions, and bureaucrats from ministers of health and finance, we shall also work with other existing coalitions such as the CSBAG and the coalition to stop maternal mortality. We shall also work closely with regional and international partners, including the UHC2030 coalition and GFAN Africa.

11.PARTICIPATING CSOS

Uganda Health Communication Alliance
Uganda National Health Users/Consumers' Organization
Coalition on Girls' Empowerment (COGE)
Action 4 Health Uganda
Open Health Network
ADVOCACY FOR QUALITY HEALTH UGANDA
Journalist
Civil Society Budget Advocacy Group (CSBAG)
PPD ARO
We Rise And Prosper.
Center for Health Human Rights and Development (CEHURD)
Alliance for life international
HEPs-Uganda
Akina Mama wa Afrika
Uganda Network of AIDS Service Organizations (UNASO)
ACTS101 Uganda
White Ribbon Alliance
Palliative Care Association of Uganda (PCAU)
Initiative for Social and Economic Rights-ISER

Women and Girl child development association (WEGCDA)

Annexure 1: Annual UHC and domestic health financing advocacy and Accountability work plan for the year 2022/23

Activity	Timeline	Expected outcome	Data source and methodology	Person responsible
Review, adapt and approve the country advocacy and accountability strategy	June 2022	Country advocacy and accountability plan approved	Copy of country advocacy plan signed by EDs of coalescing organizations	Country trainee
Conduct a breakfast meeting targeting legislators, CSOs executives and public officials on National health Insurance Scheme bill	July 2021	Accelerated momentum on fast-tracking the passing of NHIS	Legislators and key stakeholders understand the need for NHIS	Coalition members
Undertake research and documentation on the status UHC and financing gaps in Uganda to support evidence-based advocacy	December 2022	A research report in place to inform evidence based advocacy	A research report published	Coalition members
Hold media engagements through TVs, Radio, press briefing, and Newspaper highlighting the need for UHC and increased domestic financing	June - December 2022	Popular support for UHC and increased domestic health financing	No. of media engagement held	Coalition members

