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Civil Society Engagement Mechanism for UHC2030




# BRIDGING SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS AND HIV PREVENTION WITH UNIVERSAL HEALTH COVERAGE

**Date: 18th – 20th June 2024**

Venue: Radisson Blu Hotel Nairobi

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## Executive Summary

The World Health Organization (WHO) defines Universal Health Coverage (UHC) as the assurance that all individuals and communities receive the health services they need without enduring financial hardship. Many countries, especially in Africa, aspire to achieve UHC as a crucial goal, given the challenges under-resourced health systems face that result in service delivery gaps and disparities in access to care. Despite progress in improving health outcomes, Africa continues to grapple with weak health systems, inadequate infrastructure, and limited access to essential services, impeding the journey towards UHC. As part of the United Nations Sustainable Development Goals (SDGs), nations worldwide are committed to attaining UHC by 2030.

However, the approach to achieving this goal varies significantly among countries, reflecting diverse strategies in structuring and financing their health systems. Sexual and reproductive health care is integral to realising UHC and is enshrined in the SDGs, which mandate countries to ensure universal access to sexual and reproductive health services, including HIV prevention and treatment, by 2030.

The meeting, themed Bridging Sexual and Reproductive Health & Rights (SRHR) and HIV Prevention with Universal Health Coverage (UHC) was convened jointly by AfNHi, WACI Health, CASPR, WHO, CSEM, Frontline AIDS, from the 18th to 20th June 2024 at the Radisson Blu Hotel in Nairobi Kenya. The meeting brought together lead advocates from nine selected African countries spearheading the process at the country level, with the intention of implementing this initiative. The selection process was based on the existing partnerships between the collaborating entities and country partners who are already engaging in the integration of SRHR and UHC. The countries included: Botswana, Burundi, Côte d'Ivoire, Kenya, Malawi, Nigeria, Uganda, Zambia, Zimbabwe.

The forum took an open floor model with presentations, group work, and plenary sessions based on reflections around the WHO Handbook on Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach.

By embedding SRHR and HIV services within the framework of UHC that encompasses Pandemic, Prevention, Preparedness, and Response (PPPR) nations can effectively tackle underlying health disparities, promote social justice, and empower individuals to lead healthy, fulfilling lives. This initiative offers an opportunity for key stakeholders to chart a roadmap to achieve this vision and catalyse enduring regional transformation.

## WORKSHOP OBJECTIVES

The following were the workshop objectives:

- To strengthen the capacity of community-led and civil society organisations to advocate for comprehensive integration of SRHR and HIV services with UHC national policies.
- To examine the status of SRHR and HIV prevention and treatment prioritisation within the context of UHC and during health crises and pandemics.
- To prepare advocates in engaging in the UHC processes and mechanisms at the country level with government officials, civil society organisations, and other key stakeholders for evidence on the current implementation of UHC and the components of the benefits packages.

# DAY ONE

## OPENING REMARKS



*Rosemary Mburu, WACI Health*

> She opened the meeting by emphasising that advocating for SRHR and HIV prevention in Africa is crucial to addressing inequities and misconceptions, particularly among adolescent girls and young women.

### *Key highlights*

- Kenya is facing triplet threats amongst young people, which is a reflection of what is happening in most African countries: the rising number of teenage pregnancies, the rising rate of new HIV infection, as well as Gender Based Violence (GBV) among AGYW.
- Coordinated efforts are needed to prioritise UHC in the face of increasing poverty and inequality.
- During the 77th World Health assembly in May 2024, a key resolution on Social participation for UHC, health and well-being has been adopted by Member States which empowers CSOs to engage in decision-making and contribute into policies and influence governance structure to deliver health.

She then welcomed participants and appreciated WACI team members and partners- Frontline Aids, CSEM, AfHNI, CASPA, WHO team, Africa Women Prevention Community Board, and CSOs from the nine selected countries.






## Setting the Scene – Joyce Nganga (WACI Health) and Tikhala Itaye (Frontline AIDS)

Joyce and Tikhala presented the results from the Pre-Advocacy Training Assessment Survey and reminded the The Bridge for Health Initiative - Bridging Sexual and Reproductive Health & Rights (SRHR) and HIV Prevention with Universal Health Coverage (UHC) - objectives and activities planned under the initiative.

**Activities planned under the initiative:**

- Several training sessions using the WHO handbook and fostering peer to peer learning from country experiences.
- Engaging in the UHC processes and mechanisms at the country level with government officials, civil society organisations, and other key stakeholders for evidence on the current implementation of UHC and the components of the benefits packages.
- Facilitate small advocacy grants to support the integration of SRHR and HIV services within the context of UHC.
- Develop targeted interventions and policy recommendations to address gaps in integrating SRHR and HIV services within the context of UHC.

**The pre-advocacy training survey yielded insightful results that helped tailor our training to meet participants' needs:**

1. **Familiarity with UHC policies:** All participants reported being familiar with UHC policies at the country level, indicating a strong foundational understanding among attendees.
2. **Key knowledge and skills sought:** Participants highlighted three main areas where they wish to gain knowledge and skills:
    - Monitoring and evaluation of advocacy efforts
    - Policy analysis and policy brief development
    - Effective advocacy strategies

3. **Primary challenges in advocacy:** The survey identified several common challenges faced by participants:
    - Insufficient funding: A lack of financial resources is a significant barrier to effective and sustained advocacy efforts.
    - Lack of reliable data and evidence: Participants struggle with accessing and utilising reliable data to support their advocacy work.
    - Limited stakeholder engagement: Engaging stakeholders effectively remains a key challenge
4. **Knowledge of health financing landscape:** Half of the participants reported inadequate knowledge of the health financing landscape in their respective countries, highlighting a critical area for further education and training.
5. **Challenges in integrating HIV and SRHR services:** The primary challenge identified in integrating HIV and SRHR services into UHC policies is the insufficient allocation of national resources.
6. **Data for advocacy:** Participants face significant challenges in using data for advocacy, particularly in data analysis and accessing reliable data.

**The survey results identified several critical improvements necessary to enhance advocacy efforts in the participants' countries:**

1. **Generate community support and political will:** There is a need to build strong community support and political will to implement UHC, especially in the context of increasing poverty.
2. **Enhance engagement of community gatekeepers:** Effective engagement of community gatekeepers is essential to promote SRHR and HIV outcomes for young people and key populations.
3. **Strengthen and build coalitions and networks:** Strengthening existing coalitions and networks and building new ones are crucial for advocating for SRHR and HIV outcomes for young people and key populations.
4. **Address the cost of SRH services:** The cost of SRH services (availability of commodities, travel costs to health facilities) remains a significant barrier. Advocacy efforts need to focus on making these services more accessible and available.
5. **Increase CSO engagement:** Efforts should be made to involve CSOs more actively in decision making processes, ensuring their voices are heard and their needs are addressed.
6. **Identify opportunities for influencing:** CSOs need to identify and leverage opportunities for influencing policy and decision-making processes. This includes understanding the political landscape and finding strategic entry points for advocacy.
7. **Develop an advocates booklet for message harmonization:** Creating an advocates booklet or one pager can help harmonise messages across different advocacy efforts. This ensures consistency and coherence in the advocacy messages being communicated to various stakeholders related to HIV and SRHR.

**The survey results highlighted several critical supports necessary to enhance advocacy efforts in participants' countries:**

1. **Experience sharing from different countries:** Sharing best practices, successful strategies, and lessons learned can provide valuable insights and guidance for local advocacy efforts.
2. **Financial support:** Participants indicated the need for funding to sustain their activities for at least one to two years. This financial backing would ensure continuity and stability in their advocacy work.
3. **Resources for meaningful engagement:** Advocacy efforts require resources to engage meaningfully in relevant platforms where decisions are made. This includes participating in policy discussions, attending important meetings, and being present at forums that influence the integration of SRHR and HIV into UHC policies.
4. **Capacity building on effective evidence-based advocacy:** There is a need for more capacity-building initiatives focused on effective evidence-based advocacy. This includes training on how to gather, analyze, and present data to support advocacy efforts and influence decision-makers.
5. **Follow-up on stakeholder commitments:** Participants highlighted the need for resources and strategies to effectively follow up with stakeholders to hold them accountable for their promises and actions.

## 1. GLOBAL & REGIONAL LANDSCAPE OVERVIEW

In this session, the facilitators elaborated on the global and regional commitments that are in place in the HIV prevention pipeline, sexual reproductive health and rights and HIV services, Universal Health Coverage at the global stage, and in the Africa framework for action. The facilitators included; Daisy Ouya and Wawira Nyaga representatives from AVAC, Amos Mwale from Centre for Reproductive Health and Education, Laura Philidor from CSEM, and Dr. Adeniyi Aderoba from WHO Afro.



### HIV Prevention Pipelines - Wawira Nyagah, AVAC

Ms. Wawira introduced AVAC as an organisation focused on ethical development and equitable delivery of effective HIV prevention options towards global health equity. She then focused on the New PrEP products in the pipeline emphasising on the need to invest in and expand demand generation for these products, increase resource allocation to HIV prevention, and replicate successful; approaches.

### *Key highlights*

- There are updates on biomedical innovation, partnerships, and HIV prevention pipelines.
- Clinical trials on HIV intervention are in different phases but with a focus on safety, efficacy, and effectiveness.
- All attempts toward the HIV vaccine efficacy trials did not show efficacy, hence having to start again.
- The journey toward clinical trials for HIV vaccines is at least in the next six years, so there is a long way to go.
- Researchers are testing various HIV interventions that involve lower frequency in tablet intake, including periodic injectables. They are broadly neutralising antibodies (BNAbs), MATRIC pipeline (ARV and Non ARV), ARV-based product (MK-8527), and Lenacapavir.

## Sexual Reproductive Health and Rights and HIV Services – Amos Mwale, Centre for Reproductive Health and Education




He began by stating the current state of HRSR and HIV Prevention services in Africa, pointing out that Africa has the youngest population in the world with 20% of the population aged between 15-24 years. The sub Saharan region has the highest proportion of residents aged between 10 – 24 years, making Africa a continent with the highest number of births to females aged between 15 – 19 years. He stated that access to SRHR/HIV services and information remains a major challenge.

## *Key highlights*

- Child marriage and FGM are increasing and discrimination against HIV is still high.
- Amidst this, financing is still a challenge, including shrinking Civic Space, Human rights issues, climate, and humanitarian concerns,
- The above are diverting the attention of donors and governments away from health.
- Country governments have signed into various instruments and made commitments, these include the Maputo Protocol, African Youth Charter, Addis Ababa Declaration etc.
- There are opportunities for advocacy at regional levels by CSOs, including Specialized Technical Committees at AU. African Court on Human and Peoples Right etc.









## Universal Health Coverage – Laura Philidor, CSEM for UHC2030




She started by highlighting that Health is a human right enshrined in the Universal Declaration of Human Rights. Every person, wherever they are, should be able to access and afford quality health services

However, we are still far from achieving health for all. According to the 2023 Global Monitoring report published by the World Health Organization and the World Bank biannually, progress towards UHC has stagnated, even reversed in some countries:

- Half of the world's population does not have access to essential health services.
- An estimated 2 billion people face financial hardship due to out-of-pocket health expenses, including 344 million people living in extreme poverty.
- Since the launch of the SDGs in 2015 – even before the COVID-19 pandemic – the expansion of health service coverage had stalled and financial protection had deteriorated.
- The report shows that 42 countries made improvements in service coverage between 2000 and 2021.

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She underscored the importance of tracking progress on UHC and mentioned two major global UHC monitoring and accountability mechanisms that advocates can refer too to have more information at the international but also at the national level:

- The Global Monitoring Report, Published bi-annually by WHO and World Bank
- The State of UHC Commitment Review, which provides a multi-stakeholder consolidated view on the state of progress towards UHC at country and global levels. Includes civil society date collected through country consultations with CS by CSEM

## Key highlights

- ☑ At the High-level Meeting on UHC in September 2023, world leaders renewed their commitment to accelerate progress towards UHC and the Sustainable Development Goals (SDGs) by 2030 through the adoption of the 2023 UN Political Declaration on UHC.
- ☑ At the Seventy-seventh World Health Assembly, Member States endorsed the resolution on Social participation for universal health coverage, health and well-being to implement, strengthen and sustain regular and meaningful participation of civil society and communities in decision-making processes for health.
- ☑ With elections taking place in over 70 countries in 2024, this is a pivotal moment to ensure future leaders keep health high on their political agendas and understand the importance of taking urgent and meaningful action towards health for all. The Civil Society Engagement Mechanism (CSEM) and UHC2030 have developed the Election advocacy guide: Getting UHC on the ballot, which provides clear guidance for UHC advocates wishing to influence the elections taking place in their countries.

She concluded by highlighting that advocating toward Universal Health Coverage is about developing and strengthening all health systems, with a focus on equity. She reiterated that now that we have increased political commitments to UHC, we need to make sure as CSOs to hold leaders accountable to move to actions in countries.



## UHC in Africa Framework for Action – Dr. Patricia Wamala – WHO AFRO

She reiterated the importance of investing in UHC stating that the progress towards UHC is critical in promoting equity, basic rights and human security in health. It is also a political imperative as citizens in the region expect improved access and quality to health services. She further recognised that despite the challenge, there has been significant growth in development assistance for health amidst growing concerns about sustainability, effectiveness and the displacement of domestic financing for health.

### *Key highlights*

- Service delivery capacity has also expanded, though not sufficiently to meet current and future needs.
- Access to safe, affordable, and quality essential medicine and technologies.



## 2. OVERVIEW OF HEALTH FINANCING AND UHC - DR. MIKE MULONGO, TUNU CONSULTING

Dr. Mike, of Tunu Consulting, gave an elaborate presentation on health financing, universal health coverage, and resource allocation.




### *Key highlights*

- Health financing is crucial for HIV care and management.
- It is important to balance healthcare policies with individual needs.
- UHC includes creating resources through revenue raising, pooling, and purchasing with focus on benefits for the people and done within the context of transparency.
- UHC is about the distribution of risk and resources to ensure everyone is covered, regardless of their contribution.
- The proposed system in Kenya requires contribution from the population, potentially exacerbating inequities.
- Quality healthcare focuses on services that are safe, timely, efficient, and effective, with a focus on individualised care and integration.
- UHC is relative; despite the basket of all services, resources are limited, and decisions are made on essentials to be included. – There are, however, principles that guide the benefit package- responsiveness to needs, transparency, and progressivity in achieving coverage.
- Insurance coverage does not translate to service coverage- service package, availability of service etc.
- Country performances were also showcased; highlighting that most African countries are highly donor-dependent when it comes to HIV intervention.
- There is a high out-of-pocket spending on health, andlow government spending on health despite the Abuja Declaration and other commitments made by countries.

## 3. OVERVIEW OF THE WHO SRHR HANDBOOK - DR. VELOSHNEE GOVENDER, WHO HQ

In the WHO norms and tools to UHC and health benefit packages presentation, she gave a brief introduction on the importance of reading the WHO Handbook on Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach, and gave useful guidelines on how to utilise it to integrate SRHR into UHC policies. She stated the need to completely understand what UHC entails, and how to differentiate it from other prepayment schemes when integrating SRHR into UHC.

The handbook, while it contains all the necessary guidelines, will have to be adjusted according to the needs of each country's health policies.




### *Key highlights*

- The book is readily available both in hard and soft copies and is easily accessible to all interested advocates.
- Anyone is free to also access the WHO website for reference, and also to request for guidance and or assistance whenever needed.
- Advocates are encouraged to utilise the website to reach WHO officials for guidance whenever necessary.

## Key takeaways from the plenary session

The participants had an open plenary session from which listed below are the key takeaways.

**Financing - More and Better Spending and Effective Financial Protection**

- Improve efficiency of public and private health spending for better outcomes and resource expansion
- Increase government spending on health through budget reallocation and increased domestic resource mobilisation
- Use budget resources to reduce financial barriers to healthcare and make services affordable to everyone
- Ensure that the most marginalized and vulnerable, and the informal sector benefit from pre-payment schemes
- Improve the effectiveness of development assistance for health through improved coordination and use of country systems

**Services - People-centred Services, Quality and Multisectoral Action**

- Establish people-centred health services to improve quality of services and patient safety
- Prioritise investments in community and primary health care services within the framework of viable local governance systems
- Partner with civil society and non-state actors to expand access to key services and interventions
- Invest in pre-service education, particularly in underserved areas
- Engage in multisectoral action to address determinants of health
- Equity - Targeting the most marginalized and vulnerable to Leave No One Behind
- Target vulnerable populations and design programs tailored to their needs
- Expand service delivery to marginalized groups and settings
- Scale-up targeted interventions such as demand-side incentives, including vouchers and conditional cash-transfers
- Ensure the rights and entitlements of women, children and minorities, particularly during vulnerable parts of the life course

**Preparedness – Strengthening health security**

- Improve national preparedness plans including organisational structure of the government
- Promote adherence to the International Health Regulations (IHR)
- Utilise international framework for monitoring and evaluation of IHR
- Enhance relevant partners' and across countries' collaboration to prepare for and respond to public health emergencies

**Governance: Political and Institutional Foundations for the UHC Agenda**

- Enhance effective mechanisms for inter-sectoral dialogue and action
- Establish systematic monitoring and reporting on progress toward UHC at the national level
- Ensure that all citizens have access to data and information on UHC, as part of societal dialogue and participatory processes
- Strengthen national institutions and organisations to lead implementation of reforms for UHC

# DAY TWO

The second day of the workshop began with a recap of Day 1 activities and the agenda.

## ENHANCING COLLABORATIONS

This session highlighted the current SRHR initiatives in the region for potential collaborations in the advancement and inclusion of all in bridging SRHR in UHC.

## 2GETHER 4 SRHR – ELIZABETH ZISHIRI, UNFPA

She presented on the key highlights of the programme, issuing a brief background on when 2gether 4 SRHR, a joint UN regional programme to improve SRHR of all people living in the East, South and Central Africa, was first implemented in 2018. The first phase was completed in 2023, working in partnership with continental and Regional Economic Communities (REC) and Civil Society Organizations (CSOs) of the piloting countries. The project is now on the second phase intended to take four years until 2027.

### *Key Successes in provision of integrated SRHR services*

- Transferred knowledge, skills and competence to 44704 HCWs to provide integrated services across 12 countries.
- Supported piloting (Kenya, Malawi, South Africa, Uganda and Zambia); scaling up (Botswana, Eswatini, Lesotho, Zambia and Zimbabwe) of integrated services and tested a model of catalytic funding for joint programming (Joint SRHR Fund (JSF)) in Tanzania, South Sudan, (Eswatini and Namibia).
- Piloted approaches to meet the needs of KPs: Lesotho (LGBTQI & FSW), Kenya and South Africa (FSW).
- Integrated SRHR into community-based approaches community outreach activities such as mentor mothers programme and using of Community Based cadres to distribute FP Commodities
- National HMISs were strengthened particularly with SRHR, HIV and GBV indicator inclusion in the monitoring and reporting systems.
- COVID-19 advocated for the continuity of SRHR through monitoring disruptions to services on a quarterly basis and working to ensure that SRHR was incorporated into national response plans









## LESSONS LEARNT FROM PHASE ONE

- Coordination across partners working on SRHR in UHC, financing, and costing the development of investment case studies needs to be strengthened to ensure greater synergy and to avoid duplication.
- Advocacy efforts need to ensure that UHC benefit packages progressively realise all nine recommended SRH services, as well as vulnerable, key and marginalized populations.
- Leadership for domestic financing is needed, by demonstrating the benefits of investing in SRHR and holding governments to account for their commitments to invest in SRHR.
- There is a need to strengthen donor coordination and government overview; donor fragmentation and lack of government overview undermines performance.
- There is a need to address the gaps and build the capacity of non-state actors to advocate for increased domestic health financing.
- Investments in innovative approaches that unlock public-private partnerships for SRHR are needed.






## READY+ GLOBAL - EVELYN NAMAIKO (READY) AND FAITH LILEBO (Y+ GLOBAL)

They stated the main goal of the youth led READY+ movement as being dedicated to ensuring that the Adolescents and Young People living with or most affected by HIV, especially those who are most vulnerable, are resilient, empowered and knowledgeable to realise their sexual and reproductive health and rights.

### *Key takeaway from the presentation*

- Need adequate funding to be able to reach more African countries.
- Call for guidance on how to navigate advocacy policy, and how to take advantage of such entry points and presenting the needs of the youth living with HIV.
- More training of staff at youth friendly spaces on self-care approaches and psychological support for the new infections.
- Development of a friendlier platform that can easily be accessible by the youth, for instance social media reels to spread the news about HIV and where to get support should one test positive.
- Increased donor participation and involvement.








## Mapping the field: Rising Anti-Rights Movement in Africa – Pasquine Ogunsanya, Alive Medical Services

The focus of this presentation was the challenges highlighted across the whole African region, and affected mostly the LGBTQ+ community. She began by acknowledging the milestone achieved in integrating SRHR services to the LGBTQ+ persons including HIV testing and counselling services, antiretroviral treatment OIX Rx mental health and nutrition services and provision of PrEP.

These services, she stated, are available in most health centres but accessing these services is the major challenge due to discrimination, cultural beliefs and practices and restrictive laws in the country.

### *Recommendations from the plenary*

- Engage communities through education and awareness programs to change cultural and religious perceptions about SRHR.
- Empower marginalized groups by providing them with platforms to voice their needs and experiences, thereby reducing stigma and discrimination.
- Work with the media to provide accurate information and positive stories about SRHR, countering negative narratives from anti-rights movements.
- Invest in capacity building for SRHR advocates to enhance their skills and effectiveness in advocacy efforts.
- Advocate for policy changes and legal reforms that support SRHR, focusing on evidence-based arguments and human rights principles.







## Defining the Package: How to use the WHO Handbook – Dr. Jenny Cresswell, WHO HQ

She took the participants through a guidance on how to use the WHO handbook for advocacy stressing the critical considerations and actions for achieving universal access to sexual and reproductive health in the context of UHC through a primary health care approach is accountability by the government in terms of financial tracking and reporting, performance in terms of implementation of SRHR, and political responses and commitment to achieve this.

To achieve this, advocacy agents must emphasise community participation, transparency in terms of information availability for the public and private sectors and ensure equity by involving everyone and leaving no one behind.

The handbook has the basic guidelines on how to integrate SRHR in the UHC and will be of great assistance to all that wish to take up the advocacy journey.

### *From the Plenary discussion*

- Consider making the handbook pocket size to allow the advocates to have it at all times.
- Dissect the book and have it presented in the form of short clips or reels to make it easy for the youth to understand it better.
- Transparency knowledge must always be shared to ensure open accountability
- Be free to highlight the gaps experienced.
- Services designed should target those that are in most need.
- Evidence based data should always provide guidance on how to proceed on the way forward, specifically on who to target.




CHOICE IN
HIV
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BRIDGE FOR BETTER HEALTH
BRIDGING SRHR AND HIV PREVENTION WITH UHC


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# - DAY THREE -






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The day began with a short recap of activities of the previous day. The participants then broke into three groups to deliberate on the project advocacy roadmap moving forward.

## Market Place

Maintaining the three selected groups, this session took a circulation model with the facilitators from rotating around each group to discuss PITCH, Social Participation in UHC, Joint Learning Agenda in Nigeria, and Budget Advocacy and Effective Advocacy Strategies using Litigation to Advance SRHR.

## PITCH Highlights - Duke Sangara, LVCT Health

He gave a brief overview of PITCH specifically who they are and what they do. Their objective being to advocate for the provision of tailored and targeted services with particular focus on the most vulnerable and marginalized in the community.






## Social participation for health - Laura Philidor, CSEM for UHC2030



She reiterated the importance of involving Civil Society and communities in decision making to ensure a people-centred health service provision and build an equitable and resilient health system.

At the Seventy-seventh World Health Assembly, Member States endorsed the resolution on Social participation for universal health coverage, health and well-being to implement, strengthen and sustain regular and meaningful participation of civil society and communities in decision-making processes for health.

This resolution recognizes the importance of regular and meaningful social participation to ensure the accountability and legitimacy of health systems strengthening and UHC efforts anchored in a primary health care approach.

She exchanged with country advocates to highlight the key takeaways of this resolution and why it represents a milestone for civil society and communities; emphasise the importance of engaging with governments to ensure actions on implementations; and brainstorm on alignment on next steps to keep the momentum high. More information on social participation can be found on the CSEM website here.

## Joint Learning Agenda in Nigeria - Oyeyemi Pitan, Gem Hub Initiatives



The Joint Learning Agenda for UHC in Nigeria was created out of the broader Joint Learning Agenda, an initiative supported by The GFF, Global Fund, GAVI, UHC2030, and PMNCH, and facilitated by WACI Health and Impact Sante through a regional train-the-trainers on UHC, health financing, budget tracking, accountability and advocacy.
In 2021, they created a UHC documentary which was presented to state actors and politicians during the UHC Summit in 2021. This was in anticipation of the election year, in putting health at the front burner of manifestoes and government agenda

In 2023, they championed the implementation of the National Health Insurance Act of 2022 through advocating for the operationalization of the Act, training CSOs on supporting government at the, subnational level to create awareness in driving health insurance uptake and developing materials (communication tools) in local languages.




## Budget Advocacy and Effective Advocacy Strategies using Litigation to Advance SRHR - Jonathan Mbuna, Pakachere

The key to effective advocacy and litigation is to have a clear vision of the Ministry of Health on financing, set up a well governed health financing goal and finally a fully functional monitoring and evaluation structure of the budget. The strategy must involve Policy Analysis and budget tracking, involvement of Civil society advocacy forum and dialogue meetings with the Government and funding partners.

### *Key Takeaways*

- Understand your government structure and decision makers' representatives.
- Be knowledgeable and able to articulate issues clearly when presenting an issue to an audience.
- Involve other Civil Society Organizations to speak one language when pushing for a particular agenda.
- Understand the budget making process and identify entry points to present the issue.

## Country Presentations

In this session the participants were taken through a series of presentations from the nine selected countries that included, Botswana, Burundi, Cort d'Ivoire, Kenya, Malawi, Nigeria, Uganda, Zambia, Zimbabwe to showcase the current status of integrating SRHR and HIV Services into UHC, they also highlighted existing policies and amendments done to show the commitment from the government in integrating SRHR and HIV Services to be accessible to its citizens. A summary is tabulated below.

## Overview of SRHR and HIV Service Integration in UHC Policies

| Country | Status | Policies | Achievements | Strategic Action |
|---|---|---|---|---|
| Botswana | Integration in progress | • The President Reset Agenda<br>• Vision 2030<br>• The National Health Financing Strategy (2023-2027) | • Skilled personnel attending births and deliveries<br>• Reduced mother to child HIV transmission<br>• Expansion of community based SRHR and HIV services | • Conduct Stakeholder mapping for better advocacy engagement<br>• Increase community awareness campaigns<br>• Capacity building of health workers on how to handle SRHR and HIV cases |
| Côte d'Ivoire | Integration in progress | • Adoption of the law on the orientation of public health policy<br>• National Strategic Plan to combat GBV in 2014 revised in March 2024 (PSN 2024-2028)<br>• National adolescent and youth health policy document 2016-2020<br>• National Health Development Plan 2021-2025 | • Free health care targeted at pregnant women and children aged 0-5 years<br>• Expansion of the CMU care basket<br>• Over 17% of the population covered by CMU | • The health system provides quality FP/RHSS and STI/HIV services that are accessible in all health facilities.<br>• The healthcare system provides better care for specific priority groups |

| Country | Status | Policies | Achievements | Strategic Action |
|---|---|---|---|---|
| Burundi | Integration in progress | • Code for the provision of health care and services in Burundi: "Every citizen has the right, regardless of income, to access to basic healthcare through mechanisms of individual and community participation, individual and community participation." (art.8 al.1).<br>• The financing of healthcare, and in particular access to healthcare in Burundi, is made up of several financing mechanisms/schemes<br>• With a view to improving district performance in sexual and reproductive health, Burundi is adopting an integrated Reproductive, Maternal, Newborn, Child and Adolescent Health Plan (SRMNIA) for 2019-2023. | • 0.6 doctors per 10,000 inhabitants (the WHO standard is 1 doctor per 10,000), national immunisation coverage at 94% (the WHO standard is 90%), 71% of people living with HIV/AIDS on treatment compared with the WHO target of 90%, and the share of households in health funding down 11 percentage points in less than 10 years.These figures were presented as part of the celebrations for International Health Day by the WHO office in Burundi, at a joint press café with the Ministry of Public Health and AIDS Control.<br>• Establishment of a multisectoral platform for SRH/FP advocacy by the Ministry of Public Health and AIDS Control. | • Support a broad, inclusive community of CSU advocates in the reach, coordination and impact of CSU advocacy.<br>• Promote the availability of health services through functional health systems and strong government commitments to health.<br>• Advocate for the reproductive health (RH) of young people and adolescents with political and administrative authorities and community leaders. |
| Kenya | Integration in progress | • The Constitution of Kenya 2010<br>• UHC Policy (2020 – 20230)<br>• Kenya Health Policy (2014 – 2030)<br>• Primary Health Care Act 2030 | • Revision of the Kenya Reproductive Health Act<br>• Legislation of the Social Health Insurance Act<br>• Government to Government Financing to PEPFAR programs | • Push for increased funding towards UHC and integration<br>• County collaboration and engagement<br>• Advocate for inclusion of SRH and HIV services as part of the SHIF packages |

| Country | Status | Policies | Achievements | Strategic Action |
|---|---|---|---|---|
| Malawi | Integration in progress | • Health Policy, HIV and Management Act,<br>• Gender equality Act | • Policy and Program integration of SRHR and HIV Services<br>• Capacity building initiatives to train health workers | • Advocate for increased budget allocation<br>• Monitor integration progress across country |
| Nigeria | Integration in progress | • National Health Strategic Development Plan II (2018 – 2020) | • Integration of SRHR & HIV indicators into the Health M&E systems<br>• Implementation of the integrated SRHR and HIV services in Public Health Centers<br>• Improved community engagement | • Identify and advocate to state actors to fully integrate SRHR HIV services<br>• Monitor integration progress across country |
| Uganda | Integration in progress | • The National Health Policy II (2010-2020)<br>• The National Health Policy III (2023)<br>• The Health Sector Development Plan (2015/16 – 2019/20) | • Policy and Program integration of SRHR and HIV Services<br>• Capacity building initiatives to train health workers.<br>• Community based initiatives for better inclusion. | • Advocate for increased budget allocation<br>• Capacity building of agents at policy level<br>• Coordinate with the planning unit at the Health Ministry |
| Zambia | Integration in progress | • National Health Strategic Plan (2022-2026)<br>• Adolescence Health Strategic Plan (2023- 2027)<br>• National AIDS Strategic Framework (2023-2027) | • Revision and launch of the National Strategic Plan<br>• Launch of the National Adolescents Strategic Plan<br>• Incorporation of SRHR into HIV programs | • Input in the development of a National Health Policy and Health Bill<br>• Hold a National Stakeholder dialogue on UHC programing<br>• Support the National Health Insurance to integrate SRHR and HIV |
| Zimbabwe | Integration in progress | • Zimbabwe Constitution section 76<br>• Zimbabwe National Family Planning Strategies (2022-2026)<br>• National Health Strategy (2021-2025) | • Expansion of Integrated Service Delivery Model to include SRHR and HIV services<br>• Strengthened referral Linkages between primary healthcare facilities and high level facilities<br>• Improved community engagement | • Advocate for increased budgetary allocation<br>• Conduct an analysis and establish a mapping directory of integrated SRHR and HIV services<br>• Facilitate sustained political commitment |

From the nine countries' presentations, it is evident that countries have achieved great milestones in integrating SRHR and HIV services into the UHC, though a lot more still needs to be done for full integration success. Health system strengthening and community inclusion are vital and advocacy should include all.




## Common Gaps

- Heavy dependence on donors
- Political willingness to push for the agenda
  Stigma and discrimination still a major problem
- Limited knowledge about UHC agenda in communities
- No clear policy on UHC .
  Limited buy in from stakeholder

## Next Steps - Joyce Nganga (WACI Health)

She took the opportunity to thank all the participants for giving their time to attend and participate in the forum. She encouraged all to always reach out to share experiences, advice and ideas as they embarked on the journey to successfully integrate SRHR into the UHC. She mentioned that we will keep in touch via whatsapp and email to organise follow up meetings with each advocate and align on steps to move to actions.