

# HEALTH SYSTEMS ADVOCACY PROJECT

## A REPORT OF THE NATIONAL ADVISORY COMMITTEE INAUGURATION MEETING

HELD ON

4<sup>TH</sup> APRIL 2017, PROTEA HOTEL, KAMPALA



## **1.0 Background**

### **1.1 Introduction**

The Health Systems Advocacy Project funded by the Dutch Ministry of Foreign Affairs and being implemented by 3 partners: Amref Health Africa in Uganda, African Centre for Global Health and Social Transformation (ACHEST) Coalition for Health Promotion and Social Development (HEPs), representing (HAI) is a project that seeks to contribute towards achieving SRHR through strengthened health systems. In Uganda, this project is being implemented in the districts of Soroti, Serere, Lira, Dokolo, Kabale and Kisoro. The goal of the project is to enable communities realize their right to the highest attainable sexual reproductive health, crucial for equitable sustainable economic development. The project is intended to create space and strengthen civil society to engage effectively with governments, the private sector and other stakeholders accountable for health systems to deliver equitable, accessible and high quality SRHR services.

A half day meeting was convened by the three project partners to inaugurate the National Advisory Committee of the project, disseminate the project base line findings and share the project overview and progress to date. The meeting was attended by 100 participants including representatives of central government; local governments where the project is being implemented, members of Parliament, Civil Society Organizations (CSOs) both district level and national level, private sector representatives, religious institutions and the media.

### **1.2 Welcome and opening of the meeting**

Mr. Denis Kibira on behalf of the Partnership Chair, Prof. Francis Omaswa welcomed participants and provided a brief background of the project explaining that it started in January 2016. He added that a number of inception activities had taken place during the first year of the project. He pointed out that the project has a National Advisory Committee constituted by a group of stakeholders whose mandate is to guide implementing partners in delivering the expected results, and advise on the relevance of the interventions in the country. Denis welcomed Ministry of Health (MOH), Parliament, the Media, local government representatives and CSOs. He pointed out that the project is about bringing groups of people, civil society organizations and government together which no one organization can do.

### **1.3 Introduction of the Health Systems Advocacy Partners**

Partners implementing the Health Systems Advocacy project were introduced who include Amref Health Africa, African Center for Global Health and Social Transformation (ACHEST), Health Action International (HAI) represented by Coalition for Health Promotion and Social Development (HEPS-Uganda). Other partners that will contribute to the achievement of the results were recognized including MoH, members of the civil society and NGOs, FHI360, Uganda Medical Association, Pharmacy Division of the MoH, Uganda National Health Consumers Association (UNHCA), META Coalition, Members of Parliament, Centre for Health

Human Rights and Development (CEHURD), district local governments of Kisoro, Kabale, Serere, Soroti, Lira and Dokolo; and Media.

## **1.4 Overview of the Health Systems Project (HSAP) in Uganda**

Overview of the project which runs from January 2016 to December 2020 was provided by Mr. Denis Kibira. He highlighted that the project is being implemented by 3 partners (Amref, Health Africa ACHEST and HEPS-Uganda) in the 6 districts of Kisoro, Kabale, Serere, Soroti, Lira and Dokolo. The goal of the project which is to enable communities realize their right to the highest attainable sexual reproductive health, crucial for equitable, sustainable economic development was explained. The three objectives of the project were also highlighted which include i) Uganda government adopts and implements effective policies on Human Resources for Health (HRC) and Sexual Reproductive Health (SRH) commodities that meet the international standards and reflect local communities; ii) Increased stakeholder engagement in policy dialogues and increased commitment of policy makers to realize adequate Human Resource for Health HRH and access to SHR and iii) Civil society organizations (CSO), multi-stakeholder networks, community structure and health stewards have the capacity to advocate for SRH commodities and adequate Human Resources for Health (HRH).

Mr. Kibira pointed out that the project focuses on building blocks for health system i.e. human resources for Health and health commodities. The roles of partners in the project were further explained as follows:

- Amref focusing on HRH and reproductive health commodities advocacy interventions at community, district and national level.
- ACHEST's role is HRH and Health systems governance and advocacy at national, regional and Global levels.
- HAI/HEPS-Uganda will undertake advocacy around reproductive health commodities at national level and capacity building at district and community level.

The project theory of change was presented which employs capacity building and advocacy interventions to bring about better access to SRHR services. Results framework based on the three objectives and a strategy through which interventions will be implemented as well as the project target groups at different levels were shared. It was pointed out that the three partners will utilize capacity development for lobby and advocacy (including strengthening communities and health stewards); and lobby and advocacy (including working through multi-stakeholder networks).

Project progress update was shared. Key among them included the International launch of the project in Uganda in March 2016, establishment of a Country Management Team, establishment of a National Advisory Committee (NAC), identification of partner priority activities, setting up of an Advisory Group by HAI for SRH commodities' surveys and pilot survey in 2016; and carrying out of a project baseline survey in 2016. Next steps for the project were highlighted as follows;

- i. Conduct action surveys on HRH & SRHR commodities
- ii. Map SRHR stakeholder groups and CSOs

- iii. Launch/Inaugural meeting of the National Advisory Committee
- iv. Development of partner annual work plans
- v. Capacity building for both the implementing partners and national level stakeholders and CSOs in lobby and advocacy.
- vi. Participate in annual HSA learning and reflection meetings to share best practices and lessons learnt from project implementation.

## **2.0 Presentation of Baseline Survey Findings**

The findings of the Baseline survey were presented by Dr. Moses Muwonge, from Samasha Medical Foundation. He explained that the purpose of the 2016 assessment was to establish a benchmark for performance measurement for the project consortium to implement, monitor and build capacity for the communities involved to realize their rights to the highest attainable level of sexual and reproductive health. The methodology and objectives of the survey were also elaborated. It was noted that the survey focused on 2 Health Systems building blocks i.e. Human Resources for Health (Increasing availability and accessibility of skilled health workers) and SRHR Commodities (Increasing the availability and affordability of essential SRHR commodities) in the 6 districts where the project is being implemented.

Capable partnerships, strong CSOs, empowered health workers and policy makers and empowered citizens were noted as critical elements to the HSAP Project.

Key highlights in the presentation included the following;

1. Varied partner strengths and weaknesses in levels of capacities for planning, advocacy and research on HSAP project. These capacities ought to be harnessed through joint planning, improved coordination and formalization of partnership agreements to yield better results.
2. Weak CSO engagement in advocacy for Health Systems Strengthening (HSS) according to the sampled local partner CSOs in the 6 districts. However, it was found out that 50% of CSOs are receptive to capacity building.
3. Generally, there was support for HSS among the policy makers at both national and local levels. The HSA partners should utilize this opportunity to champion policy change and resource mobilization.
4. High demand and supply for knowledge amongst organizations and members belonging to health sector and political arena at national level with low supply and high demand at district and community level.
5. Limited capacity among health stewards to engage and promote policies within the health sector and communities and undertake resource mobilization and engagement for SRHR.
6. Irregular supply and availability of SRH commodities and constrained by meager resources, weak warehousing distribution channels among others.

7. Limited Human Resources for Health at health facility level and minimum capacity building for policy implementation and low level of infrastructure development to ensure a favorable working environment.
8. Uganda is good at adapting global commitments, policies and guidelines but has challenges in implementation. National policies are poorly implemented due to poor resource allocation, dissemination and monitoring of policies and guidelines.

## **2.1 Panel discussions and emerging issues**

To discuss the findings and respond to the questions pertaining to the HSAP Project, a panel discussion was organized constituted by Mr. Abenet Leykun Berhanu Country Director of Amref Health Africa, Mr. Denis Kibira, Dr. Moses Muwonge from Samasha Medical Foundation and Dr. Patrick Kadama, Director Policy and Dr. Jessica Sabiti Nsungwa, the Chairperson National Advisory Committee of the project.

The following issues emerged;

- There was a call for the project to be sensitive and meet the needs of disadvantaged groups like Persons with Disabilities (PWDs) especially women and girls by advocating for access to SRH commodities and other services. More information from the disability fraternity was required to back the advocacy agenda.
- The need to involve all Members of Parliament from the 6 project districts in project implementation.
- The need to prioritize advocacy for full implementation of laws and policies especially at district/local level
- Sharing relevant information and available policies with policy makers should be high on the project agenda.
- The need for Government to take leadership in the project
- The need to clarify the aim of the project i.e. clear the misconception that the project is about promoting abortion but rather access to health care services with a particular focus on SRHR, awareness and availability of key services which is in line with government of Uganda policies, strategies and programmes.
- Disseminate information on SRHR to all actors at national, district and community level and address the low supply of information particularly at district level.
- Stimulate demand for information and services since the project is about creating space for empowerment and accountability.

- For project success, there is need to capitalize on evidence generation to inform, advocacy and capacity building of players. Application of information generated is critical for lobby and advocacy at all levels.
- Bring on board the private sector in less privileged communities.

### **3.0 Introduction of the National Advisory Committee**

The Country Director of Amref Health Africa in Uganda introduced the National Advisory Committee (NAC) as a governance structure for the project. Among its roles, NAC will;

- Provide strategic support for project implementation
- Leverage their experience in evidence based advocacy for SRHR
- Promote networking and improving the visibility of the project
- Support align the project with government policies and strategic actions and raise awareness
- Raise demand and clarity of information and availability of services

Mr. Abenet Leykun Berhanu clarified that NAC members were identified after consultations with the partners' country management teams and Ministry of Health. The Committee to be chaired by Dr. Jessica Nsungwa from MoH and co-chaired by Dr. Jessica Gitta, members drawn from UN fraternity, META, Faith based Medical Bureaus, representatives of youth and women organizations, Maternal Newborn section, CSOs and UNHCA.

Constitution of the National Advisory Committee is as follows;

1. Dr. Jessica Nsungwa (MoH) - Chairperson
2. Dr. Jessica Gitta., Makerere University - Co-Chair
3. Kukundakwe Ann (Representative of Youth and Adolescent organizations)
4. Robinah Kititimba ( Uganda National Health Consumers Organization, UNHCO)
5. Robina Biteyi (White Ribbon Alliance)
6. Noor NakibuukaMusisi (Centre for Human Rights and Development, CEHURD)
7. Representatives of UNFPA, WHO, UNICEF

In their scope of work, the Committee was to;

- Meet regularly and give advice
- Agree to meet on a date that was to be communicated
- Receive letters of appointment

## **4.0 Launch of the National Advisory Committee**

Representing the Minister of Health, Mr. Tom Aliti from the Directorate of Planning and Policy thanked HSAP for the invitation to the launch of NAC and hoped that the Committee will perform the roles and achieve the objectives. He pledged the MoH support to the project and NAC under the chair of Dr. Jessica Nsungwa. He noted the many challenges in the health sector that government is steadily addressing and challenged the partnership to make its contribution.

Referring to the 2030 global development agenda - Sustainable Development Goals (SDGs), Mr. Aliti singled out goals 3 and 5 (ensure healthy lives and promote well-being for all at all ages and goal and achieve gender equality and empower all women and girls) respectively which resonate with HSAP agenda. He informed the meeting that GoU has made a bold commitment to eliminate diseases and achieve universal coverage for all by supporting research on medicines.

Some of the efforts the government of Uganda has undertaken to improve the health sector were mentioned including integration of global standards into national policies, strategies and laws; adoption of the National Health Policy and 2010-2020 Strategic Plan developed in line with NDP and aligned to the Maputo Protocol, UN Secretary General Global Strategy for Women, Children Health (2010-2015) Beijing Platform; enacting law on FGM, Family Planning Costed Plan and RMNCAH Sharpened Plan for Uganda.

Mr. Aliti emphasized that the current demand is for high quality health services for the satisfaction of clients. NAC was therefore challenged to strengthen governance system for the project at national and district level and pledged the ministry's support in this direction. The National Advisory Committee was then officially inaugurated and launched.

## Annex I: Meeting Programme



# HEALTH SYSTEMS ADVOCACY PROJECT NATIONAL ADVISORY COMMITTEE INAUGURATION PROGRAMME

DATE: 4<sup>TH</sup> APRIL 2017, VENUE: PROTEA HOTEL, KAMPALA

Time	Activity	Responsible Person
8:30 AM - 9:00 AM	Arrival & Registration	HAI/HEPS, ACHEST & Amref - Emmanuel, Harriet & Carol
9:00 AM - 9:20 AM	Welcome remarks	Partnership Chair, Prof. Francis Omaswa
09:20 AM - 09:50 AM	Introduction of the Health Systems Advocacy Partners	AMREF/HAI-HEPS/ACHEST
09:50 AM - 10:25 AM	Project Overview	Partnership Representative Mr. Denis Kibira
10:35 AM - 11:10 AM	Baseline Survey Findings	Dr. Moses Muwonge, SAMasha Medical Foundation
11:10 AM - 11:30 AM	<b>B R E A K</b>	Hotel
11:30 AM - 12:00 PM	Discussions	Moderator
12:00 PM - 12:30 PM	Introduction of members of NAC	Partnership Representative Mr. Abenet Leykun Berhanu
12:30 PM - 12:50 PM	Launch of National Advisory Committee	Minister of Health
12:50 PM - 1:20 PM	Press Briefing	HSA Partnership Communications Team
1:20 PM - 2:20 PM	<b>L U N C H</b>	Hotel

