

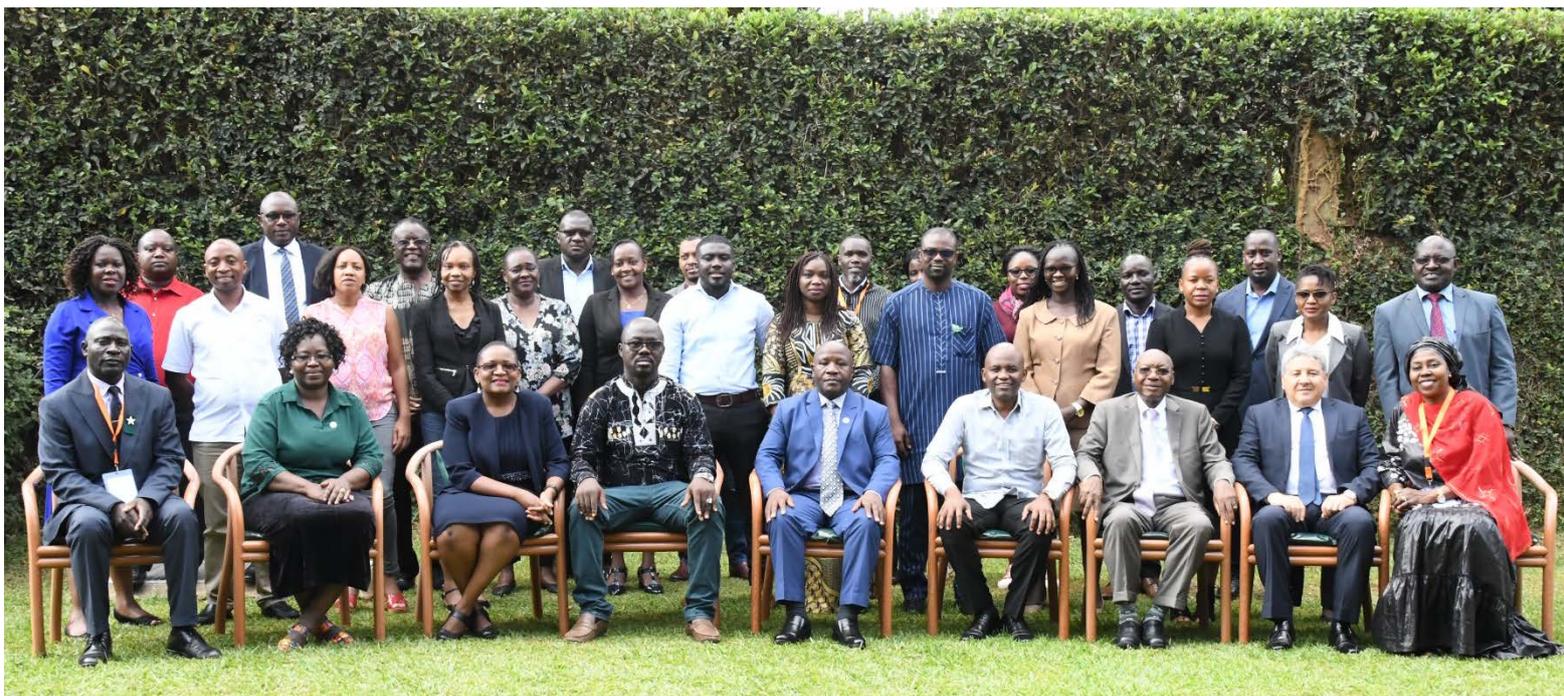


Partners in Population and Development (PPD)

Africa Regional Office

An Inter-Governmental Organization
Promoting South-South Cooperation

AFRICA REGION PARTNER COUNTRY COORDINATORS' MEETING



**Theme: Strengthened SSC for the attainment of UHC and SDGs in
PPD Member Countries**

Speke Resort Munyonyo, Kampala-Uganda, February 24, 2023



Table of contents

List of acronyms.....	3
Executive Summary.....	4
1.0 Introduction.....	6
2.0: Meeting objectives.....	6
3.0: Participation	7
4.0 Session I: Opening Ceremony	7
4.1: Remarks by Mr. Patrick Mugirwa, Programme Manager, PPD ARO.....	7
4.2: Remarks by Dr. Jotham Musinguzi, Director General, National Population Council.....	8
5.0 SESSION TWO: Country progress in the implementation of PPD Strategic Plan (2020 – 2024): Challenges, Lessons and Opportunities	10
5.1: Country Presentations on implementation of PPD strategic Plan (2020 – 2024) 10	
5.1.1 Benin	10
5.1.2 Mali.....	12
5.1.3 Kenya.....	13
5.1.4 The Gambia.....	15
5.1.5 Ghana	17
5.1.6 Nigeria	18
5.1.7 Tunisia.....	19
5.1.8 Uganda.....	21
5.1.9 Zimbabwe.....	22
6.0 SESSION THREE: Innovative imperatives for attaining UHC and SDGs in African Countries.....	27
6.1 Domestic Financing Fundamental for the realization of UHC and SDGs in Africa by Rose Oronje, PhD, Director, Public Policy & Knowledge Translation, & Head of Kenya Office, AFIDEP, Nairobi, Kenya	27
6.2 Integrating Population, Health and Environment for sustainable development by Mr. Clive Mutunga, AFIDEP	29
6.3 Primary Health Care fundamental for attainment of UHC by Ms. Rosemarie Muganda, PATH.....	30
6.4 Discussion on strategic priorities and interventions in African Countries in Post COVID 19 era by Mr. Grace Musoke, consultant.....	33
7.0 SESSION FOUR: Orientations of Partner Country Coordinators	34
7.1 Strengthening South-South and triangular cooperation for sustainable reproductive health, population and development by Dr. Betty Kyaddondo	35

7.2 The role of PCCs and National Task Force in promoting SSTC by Ms. Irene Ashikhongo Muhunzu, PCC of Kenya	37
8.0 SESSION FOUR: Closing Session	38
8.1 Recommendations and next steps by Ms. Eva Nakimuki, Programme Officer, PPD ARO	38
8.2 Remarks by Mr. Patrick Mugirwa, Programme Manager, PPD ARO	39
8.3 Closing remarks by the Hon. Minister of State for Finance, Planning and Economic Development (Planning).....	40

List of acronyms

ACHEST	African Centre for Global Health and Social Transformation
AFIDEP	Africa Institute for Development Policy
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
CHWs	Community Health Workers
COMMAT	Common Wealth Medical Trust
DD	Demographic Dividend
DPs	Development Plans
EARHN	Eastern Africa Reproductive Health Network
FP	Family Planning
ICPD	International Conference on Population and Development
mCPR	Modern Contraceptive Prevalence Rate
MDAs	Ministries, Departments and Agencies
MoES	Ministry of Education and Sports
MNCH	Maternal Neo natal & Child Health
NCPD	National Council for Population & Development
NDP	National Development Plan
NEAPACOH	Network of African Parliamentary Committees of Health
NHI	National Health Insurance
NCPD	National Council for Population and Development
NPA	National Planning Authority
NPC	National Population Council
PCC	Partner Country Coordinator
PHC	Primary Health Care
PPD	Partners in Population and Development
PPD ARO	Partners in Population and Development- Africa Region Office
RBF	Results Based Financing
RH	Reproductive Health
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive Health& Rights
SSTC	South to South Triangular Cooperation
UHC	Universal Health Care
UNFPA	United Nations Population Fund

Executive Summary

The Africa Regional Office of Partners in Population and Development (PPD ARO) organized a meeting for the PPD Africa Partner Country Coordinators (PCCs) from countries that are members of NEAPACOH. The meeting which was organised under the theme; “Strengthened SSC for the attainment of UHC and SDGs in PPD Member Countries” was held on February 24, 2023 at Speke Resort, Munyonyo, Kampala. This meeting was directly preceded by the 14th NEAPACOH meeting which was also attended by PCCs.

The objectives of the meeting were to;

- Share progress in implementation of the PPD Strategic Plan 2020-2024
- Provide opportunity for sharing good practices and lessons learned in implementing the PPD Strategic Plan 2020-2024
- Provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers, civil society;
- Deliberate on priority policy interventions, build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals;
- Devise means for increasing domestic investments in health and for fostering effective utilization of resources for health with a focus on Primary Health Care (PHC), maternal, new-born, child, and adolescent health (MNCAH) in African countries;
- Provide space for facilitating networking with other regional implementers; and convening country, regional and international stakeholders and champions for advocacy, accountability and collaborative learning.

The meeting was attended by PCCs from Benin, Ghana, Kenya, Mali, Nigeria, the Gambia, Tunisia, Uganda and Zimbabwe. Other institutions represented at the meeting were Uganda Ministry of Health, the National Population Council (NPC), PATH, CHAI, AFIDEP, African Youth Caucus, Parliamentarians from Tanzania, CEHURD, SHARP and the Tanzania Parliamentary Forum on Population and Development (TPFPD).

During the meeting, PCCs from different countries shared country specific interventions for attainment of UHC and SDGs; financing strategies for Health, including PHC; good practices and lessons learned in achieving UHC and SDGs; challenges; and recommendations.

Experts presented innovative ways of attaining UHC and SDGs in Africa Countries, which included domestic financing for health; Integrating Population, Health and Environment for sustainable development; Primary Health Care and attainment of UHC; and discussion on strategic priorities and interventions in African Countries in Post COVID 19 era.

The discussions generated a number of issues including;

- Innovative health financing mechanisms-health insurance, sin-tax, etc.
- Climate change
- Community participation
- Need for centres of excellence to address our health challenges
- Community empowerment
- Increased reliance on public resources for the health sector
- Shift the target to focus on the poor and vulnerable; particularly children, adolescents, women, PWDs and the aged
- Embrace modern technology for activity implementation and improve health coverage

The meeting generated a number of recommendations for accelerated attainment of UHC and SDGs by African countries. The recommendations included the following.

- ✓ Promote strategic Collaborations and Partnerships
- ✓ Need for continuous engagement with policy and decision makers to enact strong policy frameworks to guide the roll out of PHC to achieve UHC
- ✓ Strengthen the health care system and social accountability mechanisms to attain UHC
- ✓ Prioritize interventions for consideration in order to achieve UHC.
- ✓ Engage countries to enact laws in favour of new technologies that will accelerate achievement of UHC and SDGs.
- ✓ PCCs need to engage strategic groups like EARHN, ECOWAS, EAC, in improving the lives of their people.
- ✓ Leverage other funding platforms to support UHC e.g. climate change funding that has continued to increase over time.
- ✓ Track the allocations to the different health components beyond the health sector
- ✓ Mobilise communities for preventive care rather than wait to go for curative
- ✓ Advocate for utilisation of sin tax and traffic fines for health
- ✓ Put in place mechanisms for coordinated follow ups
- ✓ Document best practices

1.0 Introduction

Partners in Population and Development (PPD) is a Southern-led, Southern-run inter-governmental organization with deep commitment to improving the reproductive health and rights in collaborating and partner countries, in strategic partnership with NGOs and other civil society organizations.

The Partners Country Coordinator (PCC) is designated in an appropriate government institution by each Board Member for each member country. The PCC's role is to develop an annual national work plan for South-South collaboration, including identification of resources and support required by the Secretariat.

The strategic priority areas for PPD as per its Strategic Plan (2020-2024) are;

- Population dynamics, demographic dividend and development
- Universal access to sexual and reproductive health and rights including family planning
- Maternal, children's and adolescents' health
- Healthy and active ageing
- Social cohesion of migrants and their SRHR
- Health, including reproductive health, and poverty alleviation
- Preventing Gender-based violence

PPD ARO organized a meeting for Partner Country Coordinators (PCCs) whose countries are part of NEAPACOH on February 24, 2023 at Speke Resort, Munyonyo, Kampala. The meeting, which was organised under the theme; “**Strengthened SSC for the attainment of UHC and SDGs in PPD Member Countries**” was preceded by the 14th NEAPACOH meeting.

2.0: Meeting objectives

- Share progress in implementation of the PPD Strategic Plan 2020-2024
- Provide opportunity for sharing good practices and lessons learned in implementing the PPD Strategic Plan 2020-2024
- Provide space for capacity building and constructive discussions between and among African parliamentarians, including technocrats, researchers, civil society;
- Deliberate on priority policy interventions, build and sustain the momentum for political will, national ownership and support in order to consolidate the gains made towards achieving Universal Health Coverage and the Sustainable Development Goals;
- Devise means for increasing domestic investments in health and for fostering effective utilization of resources for health with a focus on Primary Health Care (PHC), maternal, newborn, child, and adolescent health (MNCAH) in African countries;

- Provide space for facilitating networking with other regional implementers; and convening country, regional and international stakeholders and champions for advocacy, accountability and collaborative learning.

3.0: Participation

The meeting was attended by PCCs from Benin, Ghana, Kenya, Mali, Nigeria, the Gambia, Tunisia, Uganda and Zimbabwe. Other institutions represented at the meeting were MoH, NPC, Samasha, PATH, CHAI, AFIDEP, PPD ARO, African Youth Caucus, Parliamentarians from Tanzania, CEHURD, SHARP and TPF1.

4.0 Session I: Opening Ceremony

Moderator: Mr. Achilles Kiwanuka, Programme Officer, PPD/ARO.

4.1: Remarks by Mr. Patrick Mugirwa, Programme Manager, PPD ARO

Mr. Mugirwa welcomed the PCCs to Uganda and thanked them for finding time to



attend the meeting. He welcomed participants from Government Institutions and Civil Society who were in attendance and thanked them for attending the meeting. He informed the meeting that Tanzania had applied to join the PPD but their final admission awaited the governance meeting. He thanked Tanzania for attending the meeting to learn the business of PPD.

Mr. Mugirwa informed participants that PPD was

established in 1994 at ICPD to foster south to south collaboration in the area of SRH with special focus to the ICPD agenda.

He informed participants that the meeting offers an opportunity to share lessons in the context of enhancing health in our countries. He said the theme of the meeting “Strengthened SSC for the attainment of UHC and SDGs in PPD Member Countries” resonates with NEAPACOH meeting organized under the theme, “Building the Capacity of African Policy Makers for Achieving UHC and SDGs: The Role of Parliamentarians”. He appreciated PCCs who attended the NEAPACOH meeting. He said the theme enhances efforts towards attaining UHC and SDGs.

Mr. Mugirwa informed the meeting that a number of strategies were discussed during the NEAPACOH meeting and include issues of new technologies, use of drones to fumigate, etc. He said other discussions anchored on NCDs, FP for young people, domestic financing for health with special emphasis on PHC.

He said discussions were among policy makers, and said such a meeting gives PCCs, as technical officers time to discuss how these strategies can be taken forward.

Mr. Mugirwa said the meeting programme would include a discussion regarding the progress made to achieve UHC and SDGs including lessons learnt. He said the meeting programme includes innovative ways of achieving UHC and SDGs, which were included in the NEAPACOH meeting so that the technical people are able to validate what MPs committed to, to have consensus between views from MPs and technical officers. He called upon PCCs to figure out what priorities they should consider so as to prioritise, since they can't take all of them at the same time.

He looked forward to having an engaging meeting, interrogating discussion, in line with the Kampala Call to Action and the discussions that ensued.

4.2: Remarks by Dr. Jotham Musinguzi, Director General, National Population Council

Dr. Musinguzi welcomed all participants to the meeting and thanked the organizers of



this meeting for organizing such an important meeting. He thanked PPD ARO for the great thought of having the 2023 NEAPACOH meeting coincide with the PCCs meeting. He appreciated the idea of Tanzania joining PPD and highlighted some of the advantages offered by PPD as a bloc.

Dr. Musinguzi appreciated the physical meeting since the previous year's PPC meeting was online due to reasons of COVID 19 restrictions. He said the theme of the meeting; Strengthened SSC for the attainment of UHC and SDGs in PPD Member Countries was anchored around the same discussions as the NEAPACOH meeting. He appreciated the insightful and enriching presentations during the NEAPACOH meeting including new technologies and believed the PCCs had an input in the commitments made by their country delegations. He, however, noted that none of the countries present committed to enact laws in favour of such new technologies.

He noted that addressing infant mortality was a game changer to addressing a number of issues. He gave an example of Uganda, saying in 1986, Uganda's life expectancy was 46 and was now 66, adding 20 years in one generation was not easy and even developed countries had not achieved it. He said the case for Uganda was immunization. He called upon PCCs to take this discussion on.

He called for increased partnerships, saying countries don't need to work in isolation. He encouraged PCC to be bold, look at other regional groupings like EARHN, ECOWAS, EAC, etc. He asked them to engage those strategic groups to improve the lives of their people and emphasised benefits of working together to learn from each other.

He implored PCCs to interest themselves more in the work of NEAPACOH and help PPD ARO to do the linkages and communication when it comes to the work of NEAPACOH. He wondered why PPD member countries would miss the NEAPACOH meeting. He appreciated the PCC in Kenya for ensuring the NCPD Kenya interests itself with NEAPACOH issues and helping in the follow up and communication. He challenged all PCCs to do the same in their respective countries.

Dr. Musinguzi noted that the PCCs' major work is SSC and this is best done through sharing experiences and best practices. He challenged PCCs to be innovative and create more chances and opportunities to meeting as PCCs from Africa, saying some of them were new and needed to mentor each other through sharing more regularly.

Dr. Musinguzi said African countries have very good and clear policy frameworks but the overriding problem remains a lack of political will and commitment to support the implementation of these otherwise good policies. He called upon PCCs to work together with Parliament and Civil Society in their respective countries as well as accompanying them to share best practices. He said this will go a long way in making them more efficient, successful and relevant.

He said there is a lot of hope in PCCs linking up with parliamentarians and CSOs who are vanguards to improve the implementation of policies and programmes, as well as resource allocation for reproductive health including family planning.

He called for close attention to the overview of the reproductive health and family planning, population and development challenges in Africa. He said poor SRH is linked to poor maternal and child health outcomes and eventually curtails socio-economic development. He called for interventions to satisfy women's or couples' reproductive health needs, if Africa is to harness the demographic dividend.

Dr. Musinguzi on behalf of NPC, pledged continued collaboration with PPD ARO and other likeminded partners to provide an endearing space for visibility and implementation of the recommendations of the PCC meeting especially to the wider PPD governance. He once again welcomed PPCs to Uganda, wished them fruitful deliberations and officially opened the meeting.

5.0 SESSION TWO: Country progress in the implementation of PPD Strategic Plan (2020 – 2024): Challenges, Lessons and Opportunities

5.1: Country Presentations on implementation of PPD strategic Plan (2020 – 2024)

Countries made presentations on the progress towards attaining UHC and SDGs through SSTC.

5.1.1 Benin

Dr. Djenontin Kotchofa Minton Eude Edith, the PCC of Benin, said UHC is an essential element of the Sustainable Development Goals (SDGs), in particular that relating to health, and said UHC ensures that all people and communities receive the health services they need without facing financial hardship. Initiatives/priority actions taken by the country to achieve these objectives.



She shared the demographic and health indicators, showing the total population of Benin at 12.5million people, child mortality rate at 30 per 1000, MMR at 391 per 100,000 live births, assisted delivery rate at 98.3% and low CPR at 19.7%.

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Benin's interventions for attainment of UHC and SDGs

- ✓ Creation of agencies for the pooling and rationalization of resources e.g. PHC in MoH
- ✓ Family Planning Commitments (FP 2030) in the Family Planning Framework for Capturing the Demographic Dividend
- ✓ Insurance for the Strengthening of Human Capital (ARCH)
- ✓ Vote of Law 2021-12 of December 20, 2021 amending and supplementing Law 2003-04 of March 3, 2003 relating to sexual health and reproduction relating to sexual and reproductive health
- ✓ Modernization of Public Spaces for Social Protection
- ✓ Delivery of comprehensive sex education to adolescents and young people in school and out of school
- ✓ Promotion of gender and women's empowerment
- ✓ Support for the socio-economic integration of vulnerable people
- ✓ Strengthening micro-credit to women
- ✓ Development of the SONU network
- ✓ Free offer campaign for FP
- ✓ Screening and PEC of precancerous lesions in front-line hospitals
- ✓ Integrated offer of sexual health education to adolescents and young people

- ✓ Implementation of the new community health policy
- ✓ Strengthen technical platform in the hospitals to be able to offer services to the patients. This ensures minimum care is offered freely.
- ✓ Technical mentoring and technical monitoring so health workers can offer better services.
- ✓ Campaigns on FP in oil companies. Done in all first line hospitals, with support from the first lady of Benin.

Benin's financing strategies for Health, including PHC

National health financing strategies, including primary health care, are based on;

- ✓ Government domestic funding
- ✓ Households (out of pocket expenditure)
- ✓ Technical and financial partners like WB, UNFPA and WHO.

Good practices and Lessons Learned in Achieving UHC and SDGs

- ✓ Community health strengthening improves access to services in hard-to-reach areas and the poor
- ✓ Campaigns to offer free SRPF services facilitate financial and geographic accessibility to targets
- ✓ Strengthening community health also facilitates accessibility to services
- ✓ Establishment of coordination unit for government units, CSOs, donors, etc. allows monitoring of progress and reorientation of actions to achieve objectives

Recommendations

- ✓ Evidence-Based Decision-Making. Improve data collection, analysis and use. Quality of data should enable decision makers
- ✓ Strengthening domestic resource mobilization
- ✓ Scaling up universal health coverage to facilitate access to quality services
- ✓ Support legislation for related sectors that affect population health
- ✓ Seek to reduce all barriers to universal health coverage
- ✓ Leverage technology to improve documentation
- ✓ Strengthen coordination between all stakeholders (Governments, institutions, partners, civil society organizations, etc.)

5.1.2 Mali

Dr. Traore Sekou Amadou informed the meeting that Mali's total population was 21.7 million people, PGR at 3.6% p.a., TFR at 6.3, life expectancy at birth at 56, IMR at 56, and 51.3% of the population are children below the age of 15.



Mali's interventions for attainment of UHC and SDGs

- ✓ Improved budget for distribution of commodities to the last mile.
 - ✓ Recruitment of qualified staff, involvement of leaders in communication for change, hiring of midwives, recruitment and support of UNFPA to midwives.
 - ✓ Launched a financial mobilization campaign aimed at fast tracking attainment of UHC.
- ✓ Facilitated adoption of some policies and laws in favour of abortion and post abortion care.
 - ✓ Established clinics in different areas to offer services to women victims of FGM and post abortion care.
 - ✓ Through budget allocations, Benin improved the health system by addressing diseases like TB and malaria, leading to improvement of health indicators in 2022.
 - ✓ Adolescent and youth friendly services have been provided.

Mali's financing strategies for Health, including PHC

- ✓ Increase in the proportion of the national budget allocated to the health function.
- ✓ Increasing the funding for health. The proportion of the budget allocated to the Health function experienced a slight improvement in 2022 with 6.2% against 5.4% in 2021.
- ✓ Designing of programmes to promote FP. This included infrastructure development, recruitment of health workers and provision of the needed infrastructure.

Good practices and Lessons Learned in Achieving UHC and SDGs

- ✓ Involvement of community and religious leaders in communication campaigns for social and behavior change on the use of RH/FP products and services;
- ✓ UNFPA support to recruitment of midwives is good. UNFPA support in the recruitment of community midwives;
- ✓ Increased demand for RH/FP services.
- ✓ Capacity building of health personnel

Challenges

- ✓ High unemployment rates. In 2021, as well as in 2022, a little more than a third (35.3% in 2021 against 33.5% in 2022) of young people aged 15-24 were in a situation of neither employment, nor education, nor in training.

Recommendations

- ✓ Invest in the youth to harness the DD. Need to invest in education, health by addressing IMR, unmet need for FP and improving mCPR.
- ✓ Ensure availability of commodities and the necessary health manpower

5.1.3 Kenya

The PCC of Kenya, Ms. Irene Ashikhongo Muhunzu, said Kenya had released the KDHS 2022 results and started with key demographic and health indicators, showing an improvement in Life Expectancy at birth, Skilled birth delivery (%) and Contraceptive prevalence rate (mCPR) and reduction in Total Fertility Rate, dependency ratio, neonatal, infant and under five mortality, MMR, unmet need for FP, teenage pregnancy and FGM.

Key interventions for attainment of UHC and SDGs

- ✓ Amref Health Africa supported development of the UHC curriculum for all health providers.
- ✓ Conducting budget advocacy and tracking to ensure health remains a priority. There was an upward trend from both national and county governments.
- ✓ Pilot of UHC in 2018 in 4 counties and roll out to remaining 43 counties on 7th Feb



2022

- ✓ Abolish all user fees at primary level and the secondary level
- ✓ Free Maternity Programme (“Linda Mama”)
- ✓ Roll-out National Health Insurance Fund NHIF (mandatory for all 18+, subsidized for PWDs, Older Persons) – 53% (KDHS 2022)
- ✓ Reforms at NHIF – to cover NCDs and mental health
- ✓ NHIF Amendment Act 2022
- ✓ ICPD25 Country Commitments (17)
- ✓ Community Health Strategy

2020-2025

- ✓ Health legislation and Policies (Health Act 2017, Health Policy 2014-2030, RH Policy 2022-2032, UHC 2020-2030) to accelerate the progress of attaining UHC
- ✓ Build capacities of counties – prioritize budget allocation for services, draft County UHC frameworks
- ✓ Development of a digital health platform to support the effective monitoring of the health sector

- ✓ Intergovernmental Participation Agreement (IPA) Framework –governors sign agreement with CS for Health to invest resources in UHC
- ✓ Private-Public Partnership (PPP) for PHC in order to unlock new finances for the health sector from private sector
- ✓ Social Accountability Framework; citizens and providers are educated about their right to health, mechanisms to enhance citizens’ voices to improve government and health care policies, resources, and practices

She said Kenya was yet to meet the Abuja Declaration of 15% GDP spending on health (at 7.7 %) but the government had committed to increase government spending on health to 10% by 2022. She said Kenya had increased health budget allocation from Kes.117 billion to Ksh. 160 billion in the current budget.

Kenya’s financing strategies for health, including PHC.

- ✓ Increasing Kenya’s budget to UHC in the 2020/2021 financial year to Ksh 47.7 billion, an increase from 41.9 billion Ksh (2019/2020)
- ✓ Allocating Ksh 4.5B for basic maternity for Primary Health Facilities with Ksh 890M for Family Planning (procurement, warehousing and distribution of contraceptives) a 10% increase and Ksh 500M for vaccines.
- ✓ Counties ring-fence healthcare funds for facility improvement at PHC facilities (legislating the retention of funds)
- ✓ Revised Public Finance Management Act 2012 and 2015 Regulations to allow disbursement of funds as grants directly to health facilities
- ✓ Reformed the NHIF – prioritizing to pay for services at PHC networks

Good practices and lessons learned in achieving UHC and SDGs. These included;

- ✓ Use of innovation and technology
- ✓ Collaboration and partnerships (PPPs, TWGs)
- ✓ Empowering communities
- ✓ Campaigns; “Triple Threat Campaigns” to end HIV infection, GBV and pregnancy among adolescents and youth
- ✓ Health system strengthening
- ✓ Legislation and policies
- ✓ Sustained Advocacy and tracking for health financing
- ✓ Reporting and monitoring
- ✓ Building centres of excellence; Urology, Neurology, East African Kidney Institute for renal care, training and research

She shared two success stories;

- ✓ On 18th Feb 2023 Kenya was honored at the AU Summit 2023 for innovative and collaborative approach to improving reproductive, maternal, newborn, child, and adolescent health (RMNCAH)
- ✓ Kenya was ranked third in Africa in the Global Health Security (GHS) index of 2021 on the road to realizing UHC.

She concluded that catalyzing UHC in Kenya will require strengthening health systems, robust financing structures and models, reduction of out of pocket

expenditures to near zero, and the availability, accessibility, and capacity of health workers to deliver quality people-centered integrated care.

5.1.4 The Gambia

Ms. Mariama Fanneh started her presentation with key demographic and health



indicators, showing TFR at 4.4, teenage pregnancy at 14%, Antenatal Care coverage at 98%, skilled birth attendance at 83.8%, HIV prevalence rate at 0.9% of adults (ages 15-49), Maternal Mortality Ratio at 289 per 100,000 live births and Contraceptive Prevalence Rate at 19% (modern method 17%, 2% traditional method).

She presented the Gambia's key country interventions for attainment of UHC and SDGs, which included;

- ✓ Review and validation of the National Health Policy (NHP) 2021-2030 and development and validation of the National Health Sector Strategic Plan 2021-2025.
- ✓ Revision of the National Population Policy, aligned to the new Green Recovery-Focused NDP geared towards empowering youths, including taking care of their reproductive health needs and rights
- ✓ Developed a report on The Gambia's achievements towards the Nairobi summit Commitments and established a National Taskforce for South-South Corporation in The Gambia with support from PPD.
- ✓ Development and launching of the 2019-2024 Health Financing Strategy in 2019 and Enactment of the National Health Insurance Act 2021
- ✓ Development and launching of a new biometric Civil Registration and Vital Statistics (CRVS) and National Health Insurance Scheme (NHIS)
- ✓ Development of a national report on The Gambia's achievements towards the Nairobi summit Commitments and the establishment of a National Taskforce for South-South Corporation in The Gambia
- ✓ Sub-Saharan Women Empowerment and Demographic Dividend project, geared towards accelerating the demographic transition and achieving the demographic dividend

Ms. Mariama Fanneh presented the Gambia's financing strategies for health, including PHC included;

- ✓ Innovative health financing mechanisms; where they were advocating for 100% allocation of the Tobacco, alcohol tax and hazardous products (sin-tax) to the MoH; ring-fencing taxes on airtime and internet data for health; introducing mechanisms that allow communities to contribute to health system strengthening; developing a

framework for Public-Private Partnerships; and factoring in costs of health care in environmental impact assessments for new businesses.

- ✓ Increasing efficiency gains from existing resources; through building institutional capacity for sustainable health financing and review of structures of the MoH to elicit greater efficiency.
- ✓ Increased reliance on public resources for the health sector; by advocating for National Assembly and MoFEA to increase the funds to fulfill the Abuja Declaration target.
- ✓ Program planning and Budgeting; through advocacy for improved predictability and availability of public resources.
- ✓ Increase the contribution of prepayment schemes to the health sector by assessing other prepayment schemes for raising revenue

Ms. Mariama Fanneh presented good practices and lessons learned in achieving UHC and SDGs, which included;

- ✓ Grassroots participation is important to achieve UHC and SDGs e.g. Kabilo Bama Initiative
- ✓ The use of community structures can be a driving force to enhance community awareness and access to UHC

She concluded her presentation with recommendations. These included the following.

- ✓ Increased funding for healthcare
- ✓ Strengthen primary healthcare
- ✓ Address health workforce shortages
- ✓ Improved health information systems
- ✓ Address social determinants of health
- ✓ Strengthened partnerships and collaborations

5.1.5 Ghana

Mr. Boakye Seth, Ghana's PCC started his presentation with demographic and health



indicators, showing the total population at 30.8 million; Population Growth Rate at 2.1% (PHC 2021); Age Dependency Ratio at 65.6 (PHC 2021); Life Expectancy at birth at 64 years and Total Fertility Rate at 3.1 (PHC 2021).

He presented Ghana's key interventions for attainment of UHC and SDGs. These included;

- ✓ Enactment of the National Health Insurance (Act 650) 2003
- ✓ National Health Insurance

Scheme (NHIS) in 2004

- ✓ 70 years, Children under 18years, pensioners and social security contributors are exempted
- ✓ No limit on what NHIS pays (within)
- ✓ Free Maternal Health Care Policy
- ✓ Free Family Planning Services
- ✓ School-Based Infirmaries (SBIs)
- ✓ National health Policy
- ✓ SDG 1, 2, 3, 4, 5, 8, 10 and 11.
- ✓ Ghana's roadmap for attaining UHC 2020-2030 policy document
- ✓ Ghana defines UHC as: "All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use."

He presented the financing strategies for health

- ✓ Financing for the NHIS comes from 2.5 percent tax charge on selected goods and services (which accounts for about 70 percent of revenues)
- ✓ Transfers from existing contributions in the Social and National Insurance Trust by formal-sector workers (around 23percent of revenues)
- ✓ Individual premiums and other funds from Development Partners.

He presented good practices and lessons learned in achieving UHC and SDGs, which included;

- ✓ Target group: Focusing on the poor and vulnerable; particularly children and adolescents, women, and the aged.
- ✓ Financial risk protection: Eliminating physical and financial barriers to accessing PHC services
- ✓ Domestic Financing Re-Prioritized

He made recommendations for attaining UHC and SDGs through SSTC. These included the following.

- ✓ Partnerships
- ✓ Effective Communication Strategy
- ✓ Allocation of funds for UHC Policy should be consistent regardless of the Government in power
- ✓ Building capacity of health care providers and upgrade of infrastructure

5.1.6 Nigeria

Mr. Adebayo Abdulazeez Ayodele informed participants that Nigeria has the highest population in Africa, amounting to over 200 million. He said Government has made



investments to catalyse inclusive and sustainable economic growth through structural transformation to offer opportunities for improvement in the welfare and standard of living of all citizens as demonstrated in its strategies to manage population and demography.

He said Nigeria has made a slight progress in reducing child mortality which decreased from 1 in 8 children dying before their 5th birthday to 1 in 10 children; 74% of women in urban

areas aged 14-49 years and 34% in the rural areas give birth in health facilities. He said nearly 60% of Nigerian children are now registered at birth with civil authorities.

Key Country interventions for attainment of UHC and SDGs

- ✓ Nigeria launched the Basic Healthcare Provision Fund on January 8, 2019;
- ✓ Aggressive healthcare infrastructure, development and expansion horizontally and vertically;
- ✓ Establishment of health insurance scheme by States as well as community-based health insurance.

Country Financing Strategies for Health, including PHC

- ✓ Government Budgetary Allocation
- ✓ Donor Funding

- ✓ National Health Insurance Scheme (NHIS)
- ✓ Allocation of atleast 1% of consolidated revenue to fund the health sector.
- ✓ Taxes
- ✓ Basic Healthcare Provision Fund

Good Practices and Lessons Learned in Achieving UHC and SDGs

- ✓ The National Health Insurance Authority Bill was signed into law on May 19, 2022 by Nigeria President, it makes health insurance mandatory for all citizens and residents in the country;
- ✓ The universal health coverage focus not only on preventing and treating disease and illness, but also on helping to improve well-being and quality of life;
- ✓ Independent Audit on Implementation 2016-2022 on projects and programs- focus on the responsibilities of the federal government, the coordination across all levels of government, the implementation plan and the monitoring of progress. The audit provide an independent and critical evaluation, which holds a mirror to the government and provides concrete recommendations for which next steps

Recommendations

- ✓ Increase funding for the Health Sector;
- ✓ Initiate a sustainable innovative fund for the Health Sector;
- ✓ Include mobile health initiative to reach the vulnerable; and
- ✓ Recruiting and mainstreaming medical personnel at the national and sub-national levels;

5.1.7 Tunisia

Mr. Adnene Ben Haj Aissa started his presentation with demographic and health indicators, showing that the total population of Tunisia was about 11 million in 2014; MMR at 45; IMR at 14.2, Life Expectancy at birth at 75 years, Total Fertility Rate at 2.2 and poverty rates at 15.5%.

Mr. Adnene shared Tunisia's ingredients of success. These were;

- ✓ Strong political will and consensus
- ✓ Promulgation of code of individual rights, with promotion of women education and empowerment
- ✓ Launch of the FP programme
- ✓ Generalizing the use of FP/RH services, with access to services through fixed and mobile strategies.
- ✓ Capacity building
- ✓ IEC activities, using audio, visual, print and social media.

Tunisia's interventions for attainment of UHC and SDGs

- ✓ The Tunisian Constitution of 2014 declared that “Everyone has the right to quality



health services, and that the State has the responsibility to guarantee this right”

- ✓ National Health Policy (PNS) adopted on the occasion of the celebration of World Health Day on April 7, 2021.

✓ Government has taken specific measures to improve coverage for vulnerable people. Special Health Cards for the poorest and mobile strategy to reach population in far remote areas.

- ✓ The Government adopted in 2019, the Maternal and Neonatal Health Strategy for the years 2020-2024 to reduce MMR.

✓ Improving access (geographic,

financial, and psychological) according to the continuum of services and care of MNH.

- ✓ Strengthening the quality and accessibility of MNCH care services.
- ✓ Strengthening governance, national leadership and the accountability of various actors in the health system.
- ✓ The development of community participation and social mobilization to build the capacity of individuals, families and the community to improve MNH.
- ✓ Improved data for monitoring/evaluation of the implementation of the 2020-2024 MNN Strategy for decision-making and accountability.
- ✓ Access for all to sexual and reproductive health care services:
- ✓ SRH is being dealt with by 4 national interconnected programs: the National Program for Sexual and Reproductive Health; the National Health Program for youth at school; the National Perinatal Program; and the National Program for the Fight against AIDS and STIs.
- ✓ The National Sexual and Reproductive Health Plan 2021-2030 was developed to guide the implementation of the integrated and inclusive approach for SRH planning and programming.

Tunisia’s financing strategies for Health, including PHC

- ✓ Additional Financing Plan to support MoH efforts to face the impact of COVID19 on health programs including vaccination
- ✓ Financing the implementation of the SRH plan with additional domestic funding and additional support from development partners
- ✓ Needs assessment for necessary investments and spending of SSR to be conducted annually
- ✓ Strengthening of budget planning to include all related sectors in charge of the implementation of SRH plan
- ✓ Establish a monitoring and follow-up mechanism to oversight allocation of different budgets (domestic and international) to implement the SRH plan

Good practices and Lessons Learned in Achieving UHC and SDGs

- ✓ Strengthening the health system is essential for achieving UHC and health related global targets
- ✓ Modern technology should be used to ensure implementation of the activities and improve health coverage
- ✓ National Task forces in PPD member countries are playing an important role in promoting SSTC to help achieving UHC and SDGs through exchange of experiences and best practices

Recommendations

- ✓ Strengthen PPP
- ✓ Work with Parliamentarians to increase budget allocation for SRH and FP programs
- ✓ Establish National Task Forces for promoting and coordinating activities related to SSTC.
- ✓ Africa Region PCCs should support efforts of PPD/ARO to achieve its mandate

Mr. Adnene called upon PCCs to continue the work started by their Parliamentarians at the NEAPA COH meeting.

5.1.8 Uganda

Dr. Betty Kyaddondo presented the progress by Uganda. She said the total population of Uganda was projected at 44 million people from the 34.9 million people in 2014. She said the annual population growth rate was 3% p.a., Total Fertility Rate at 5.4, Infant Mortality Rate at 43 per 1000 live births, U-5 Mortality Rate at 64 per 1000 live births, MMR at 366 per 100,000 live births, CPR at 39%, teenage pregnancy at 25% while births delivered by skilled provider were at 74%.



Uganda's interventions for attainment of UHC and SDGs

- ✓ Improving the quality of care by addressing inadequate health infrastructure and equipment to cater for increasing population; and improving the staffing levels.
- ✓ Generating demand (through community dialogues to address social determinants of health and change mind-set, working with VHTs and community gate keepers and the media.
- ✓ Health Commodities and supplies 10-Year Roadmap for Government of Uganda's Health Supply Chain Self- Reliance 2021/2022 – 2031/2032, training all in-charges to quantify and order. Strengthened NMS for last mile delivery.
- ✓ Policies, guidelines and strategies: (Decentralized Policy, National Health Policy, UHC Roadmap, National Population Policy, Demographic Dividend Roadmap, RMNCAH Investment/ Sharpened Plan, FP Costed Implementation Plan, ICPD25 Commitments, etc.).

- ✓ Multi-sectoral coordination – Mainly through Uganda’s third National Development Plan (NDP III) and strengthening Public – Private Partnerships.
- ✓ Data systems strengthening and knowledge management – Evidence based advocacy
- ✓ Innovation and use of new technology like mHero Connector, an innovative health system integration technology – This improves access and delivery of health services at community level.

Uganda’s financing strategies for Health, including PHC

Uganda’s health sector is mainly dominated by development partners and high levels of out-of-pocket expenditure. Uganda has no National Health Insurance Scheme but has a National Health Financing Strategy.

- ✓ Revenue collections recognize inadequate resources for the health sector, high Out-of-Pocket expenditure, and over dependence on external resources.
- ✓ Effective pooling targets public resources, external resources and resources generated through the private health insurance schemes, with the view to provide the same essential health benefits package for all people covered.
- ✓ Strategic purchasing. Current purchasing arrangements do not have the necessary incentives to encourage equity, efficiency, and provision of quality services.

Good practices and Lessons Learned in Achieving UHC and SDGs

- ✓ Focusing on High Impact Practices (Family care practices, PPFP, self-care initiatives etc.).
- ✓ Enhancing Medical Staff salaries through RBF.
- ✓ Integration of health services to prevent missed opportunities and leveraging on meagre resources.
- ✓ Institutionalizing tracking of RMNCAH/ FP resources and holding leaders to account to commitments.
- ✓ Community based approach with priority of reaching the most vulnerable and marginalized
- ✓ Programme Based Approach to planning and budgeting – enhances multi-stakeholder partnerships
- ✓ Close collaboration with the Members of Parliament and district leadership.

Recommendations

- ✓ The government needs to develop strong mechanisms capable of attracting and retaining health workers in the health system, especially critical cadres.
- ✓ There is need for increased resources to the health sector.

5.1.9 Zimbabwe

Mr. Benson Chikati said the COVID-19 pandemic had a negative impact on service delivery. He presented some of the demographic and health indicators, showing a

steady decline in MMR from 462 per 100,000 live births in 2019 to 363/100,000 in



2022; reduction in the unmet need for family planning from 14% in 2020 to 10% in 2022 for all age groups; number of service delivery points offering youth friendly services increased by 23%, from 52% in 2020 to 64% in 2022; teenage pregnancy has declined from 22% in 2015 to 20% in 2019; while modern contraceptive prevalence rate for all women increased from 50% in 2020 to 52% in 2022.

Zimbabwe's interventions for attainment of UHC and SDGs

- ✓ Zimbabwe has been implementing the ICPD Plan of Action since 1994 with regular reviews being conducted with full participation of key stakeholders.
- ✓ The country commitments are guided by global commitments: - Universal sexual health and rights in the context of Universal Health Coverage; Creating financing momentum; Demographic diversity and sustainable development; Gender Based Violence; Sexual Reproductive Health in humanitarian and fragile contexts
- ✓ A National Contingence Plan which ensures that all Zimbabweans, particularly the most vulnerable, are more resilient to disasters through establishing effective national and sub-national capacities to prevent, mitigate, prepare, respond and recover from disasters is in place.
- ✓ A Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies and Crisis situations was developed which is a set of priority activities designed to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and newborn morbidity and mortality. It provides guidance on provision of essential services during emergencies
- ✓ Ninety four (94%) of health facilities in 20 focus districts were certified as youth friendly health facilities and a package of IEC materials on ASRH was developed.
- ✓ New models which co-opted the use of social media, Call Centre Services and other online broadcasters were adopted to reach youth with SRH information.

- ✓ Zimbabwe removed maternity fees in all public health facilities hence pregnant women now deliver free of charge in government health facilities.
- ✓ In addition, all fees related to access to blood and blood products have been removed in public health facilities with the government absorbing all these costs.
- ✓ Existing family planning and sexual and reproductive health services including natural methods of family planning have been made widely available and accessible through stakeholder engagement as well as outreaches in hard-to-reach areas so as to reduce unmet need for family planning as one of the ICPD commitment.
- ✓ The review and development of a CSE curriculum for the Higher Education sector in partnership Development Partners is an achievement to take note of in addressing SRH issues affecting students in tertiary institutions and also an online CSE course was developed.
- ✓ The Marriages Act [Chapter 5:17] was passed into law and is in conformity with the Constitution, this came into effect on the 16th of September 2022. The Act repealed the Customary Law Marriages Act [Chapter 5:07] and the Marriages Act [Chapter 5:11]. The Marriages Act also proscribes child marriages by providing in Section 3 that no person under the age of 18 can contract a marriage. The law further protects against forced marriages by providing that a marriage shall not be solemnized unless each party has given his or her free and full consent to the marriage.
- ✓ Extensive social marketing of SRH and GBV services and information through digital platforms and Training of community Activists and community leaders to scale up their advocacy work including targeting to change perception and attitudes of relevant institutions which can influence the delivery of GBV is being done with Civil Society Organizations on board since 2020.
- ✓ Young people as SRH defenders with different skills and competences on SRH advocacy have been recruited since 2020. The SRH defenders are made up of a cohort of highly competent young people who drive their own advocacy work to ensure ownership and youthfulness of the advocacy work by young people.
- ✓ Education Amendment Act which allows pregnant girls to stay in school and continue their education and also Marriages Act which outlawed child marriages.
- ✓ The Medical Services Amendment Bill and the Children's Amendment Bill were introduced. These provide penalties for parents and guardians that deny a child from accessing any health service. The amendments are yet to be considered during the Committee Stage in Parliament.

Zimbabwe's financing strategies for Health, including PHC

- ✓ Using national budget process, increasing domestic financing and exploring new and innovative financing instruments to ensure full and effective implementation of ICPD-PoA. Continue to lobby for the progressive realization of the 15% Abuja Declaration. The Ministry of Health and Child Care was allocated ZWL117 billion

(12.2%) of the 2022 national budget up from ZWL54 billion (13%) allocated in 2021.

- ✓ Financing Instruments – AIDS and Airtime Levies to finance health services
- ✓ The National Health Insurance concept is being explored.

Good practices and Lessons Learned in Achieving UHC and SDGs

- ✓ Sustainable health financing strategies are essential for continuous access to quality health care and services.
- ✓ Continuous engagement with the responsible Ministries and stakeholders on achieving the CSE can result in introduction of Bills that can provide a platform for MPs to debate and propose amendments to address SRHR gaps and ultimately, enactment of SRHR friendly laws.
- ✓ Evidence-based debates in Parliament can influence progressive legislation for improved health outcomes.
- ✓ All inclusive consultations on proposed legislation results in smooth enactment of progressive laws. Never leave anyone and any place behind!

Challenges

- ✓ Limited fiscal space with many competing national demands as the country's economy has not fully recovered from the shocks of COVID-19.
- ✓ There is still some misunderstanding of the intention to give access to SRH services to adolescents and young people and to provide safe abortion as such services are generally perceived to be encouraging moral decadence in society.
- ✓ Anecdotal evidence indicated that the COVID- 19 impacted negatively on progress in achieving the ICPD agenda. Due to travel restrictions, women and girls could not access the much-needed services on time. Access to family planning and other services were also affected.

Lessons learnt

- ✓ Continuous and rigorous persuasion for the allocation of 15% of the national budget is key for the achievement of the progressive realization of the Abuja Declaration.
- ✓ Parliamentary Portfolio Committee for Health is pushing for per capita spending. In order to upscale the realization of UHC in the country, the Parliamentary Portfolio Committee is lobbying for the establishment of the National Health Insurance Scheme. To date, it has undertaken a study visit to Tanzania and intends to visit Rwanda on the same subject matter.
- ✓ Well-designed ACTs which were passed into law in 2022 (Marriage ACT) are great opportunity to implement policies relating to children and adolescents

Discussion

1. What was included in Tunisia's code of individual rights that supports successful implementation of UHC and SDGs?
 - ✓ *Tunisia's code of individual rights was promulgated in 1957 and brought benefits for women. It abolished polygamy; limits the age of marriage to 18 for girls and 20 for boys. It guaranteed women access to education and employment as men, and these have been used to promote FP.*
 - ✓ *The second law enacted was legalizing abortion in 1967. Abortion is supposed to be performed by a physician, in a health facility and after 5 children. At age 18 and above, one can go to any health facility and procure an abortion. It enables women to decide on the number of children and when to have them. These all make up the code of individual rights.*

2. Why has Uganda come up with all these good laws but they don't translate into achievements?
 - ✓ *Ugandan policies are successfully implemented in other countries. Uganda's challenge with implementation is due to limited finances, political, cultural and religious factors.*

3. The Gambia mCPR is about 17% and unmet need for FP at 25%. How is teenage pregnancy so low with high unmet need for FP?
 - ✓ *The reason for this is the Sub Saharan women empowerment project which has improved the situation.*
 - ✓ *Where there is high IMR, fertility will continue to be high. Working to ensure everyone who needs FP gets it.*

4. Uganda-HIV prevalence rate is at 6.2%. Amused that in Uganda condoms are sold, up to 10USD. Are there free condoms in Uganda, are they distributed and how does it work?
 - ✓ *Uganda implements a TMA to FP. There are condoms free of charge by government and those sold by the private sectors. There are free condoms everywhere. There are people who prefer certain types of condoms and these have to buy them from the market.*
 - ✓ *There are distribution challenges, the reason for high HIV prevalence.*
 - ✓ *Condoms are supposed to be subsidized. They shouldn't cost that high, even the best brands. 10 dollars is high. We are looking at the young population that can't afford these condoms.*

5. Availability of male condoms is similar, and in Tunisia HIV prevalence is 0.1% but they are free from MoH but we have others on the market.
 - ✓ Condoms can be more expensive in some areas, but there are people who prefer to use expensive condoms.
 - ✓ It depends on the policy but condoms should be free everywhere because in the hotels is where you need them most.
6. There should be free pads everywhere since menstruation is not by choice. This will go a long way in improving the health of women and girls.
7. There is need to rename CSE to health education to increase acceptability.

6.0 SESSION THREE: Innovative imperatives for attaining UHC and SDGs in African Countries

Moderator: Ms. Mariama Fanneh, the PCC of the Gambia.

6.1 Domestic Financing Fundamental for the realization of UHC and SDGs in Africa by Rose Oronje, PhD, Director, Public Policy & Knowledge Translation, & Head of Kenya Office, AFIDEP, Nairobi, Kenya

Dr. Oronje started her presentation by enumerating the various commitments to healthcare financing, including the 2001 Abuja Declaration, the 2019 African Leadership Meeting (ALM), the SDGs 2030 Agenda and Universal Health Coverage (UHC). She noted that progress has been slow and, the current economic situation could further erode the little progress made. She called upon all participants to keep health on the agenda amid shrinking fiscal space because health affects all aspects of the economy.

Dr. Oronje noted that UHC in Sub Saharan Africa is low, with only about half of the population covered. She said for Africa to achieve UHC, there is need to strengthen health systems.



Dr. Oronje said African countries rely on unsustainable funding mechanisms. High dependency on Out-Of-Pocket expenditure and donor funding which are the main sources of health financing in Africa are unsustainable.

She said there is need to expand the tax base and called upon participants to advocate for a percentage of sin tax for financing health. She said expanding the health coverage means governments have to put in money. She called for alternative ways of looking for more resources, including engaging in public finance mechanisms, addressing delays in spending, data provision and budget tracking; saying countries in Asia have expanded health through multiple health insurance schemes.

She said Government allocation and expenditure on preventive health care is still low and more resources are spent in health facilities. She called for a shift to preventive care.

She sadly noted the challenge of persistent low expenditure of the little resources allocated to health, saying one would expect expenditure to be at 100%. She said there are other challenges to health financing, including delays in release of funds.

She said most of the funds remain at the Centre and Local Governments that provide health services are poorly funded. She called upon participants to advocate for proper use of the available resources, bearing in mind that the fiscal space may not allow increased resources.

She called for sustainable health financing strategies, including tax-based health financing systems, expanding health insurance coverage and innovative public-private partnerships in financing health. She said Kenya's national health insurance scheme targets only 53% of the population, mainly the employed. She said some countries have NHISs that need to undergo reforms in order to achieve UHC. She called for strengthening the private sector.

Dr. Oronje presented some recommendations to increase domestic health financing and enhance health spending. These include;

- Implementing strategies that increase domestic investments in health
- Making investments in health count;" more health for the money"

- Agreeing on specific actions that parliamentary committees of health could take.

She proposed expansion of the health insurance scheme, emphasizing either a single compulsory one or multiple schemes aiming at covering all people under different groups.

She recommended implementing strategies that increase domestic investments in health. She called for partnerships that are aimed at ensuring equity not provision of services to the rich, but to the public. She called for use of evidence to engage with Ministry of Finance.

Key recommendations

- ✓ Increase budget allocations to health
- ✓ Steer reforms in Public Finance Management (PFM) to improve health sector spending
- ✓ Conduct budget tracking for health sector to help reduce wastages and inefficiencies
- ✓ Sustain advocacy for more money for health and more health for the money invested

6.2 Integrating Population, Health and Environment for sustainable development by Mr. Clive Mutunga, AFIDEP



Mr. Mutunga started his presentation with the three pillars of Sustainable Development; which are society, environment and economy. He said in the framework, health is captured in society but has effects on the other pillars, the reason for multi-sectoral approaches to address health concerns.

He said Climate Change will challenge Africa's ability to meet UHC as well as SDGs. He discussed vulnerability factors, exposure pathways and climate sensitive health risks, calling for health system capacity and resilience to mitigate the risks. Mr. Mutunga called for integrating health with environment and climate change. He emphasized PHED as an integrated approach to improving access to health services, including voluntary FP/RH, while helping communities to manage natural resources and conserve the critical ecosystems on which they depend. He said several PHED projects have been funded in many countries, reaching thousands of men and women living in remote, bio diverse areas, and providing access to FP/RH services and information.

Mr. Mutunga discussed some of the benefits of PHED, including;

- ✓ Cross-Sectoral Benefits of PHED Integration through projects like Health of People and the Environment - Lake Victoria Basin (HoPE-LVB) reported 16,944 new family planning clients between a baseline survey in July 2012 and a midterm review in December 2013 and a marine conservation organization in southwestern

Madagascar that integrated FP/RH initiatives into their conservation activities. Since adding FP activities, CPR rose from 10 percent before the project began in 2007 to 55 percent by 2011.

- ✓ Increased Male Participation in Health where the Guraghe People’s Self-Help Development Organization (GPSDO) in Ethiopia dramatically increased the number of men who supported family planning from 7.3 percent to 30.2 percent and male beneficiaries of the Sustaining Partnerships to enhance Rural Enterprise and Agribusiness Development (SPREAD) project in Rwanda reported a “change in mentality” around family planning.
- ✓ Increased Community Support and Buy-in for Health with both implementers and beneficiaries of PHE projects reporting the added value of integration of health, environment, and livelihood activities both in time and cost savings.
- ✓ Reduction in disease burden through One Health/Planetary Health
- ✓ Leveraging funding, platforms, and systems of other sectors for health.

Mr. Mutunga called on all participants to;

- ✓ Support Scale up and Institutionalization of cross sectoral PHED approaches.
- ✓ Demonstrate the Health Benefits Across Various Development Sectors.
- ✓ Engage with other sectors e.g., environment and climate committees for joint advocacy and legislation.
- ✓ Ensure health is central to sub national, national, regional and global climate change action.

6.3 Primary Health Care fundamental for attainment of UHC by Ms. Rosemarie Muganda, PATH



Ms. Muganda informed participants that PATH is a global nonprofit organisation dedicated to achieving health equity for all people and communities to thrive. She said PATH works to transform bold ideas into sustainable solutions that improve health and wellbeing for all, and does that through partnerships.

She said PATH develops, introduces, and advances vaccines, drugs, devices, diagnostics, digital tools, and innovative approaches to strengthen health systems worldwide. PATH shapes conversations about health and technology, advises ministries of health, trains providers, scales teams of health care workers, and works on other fronts to break down barriers to good health. PATH also advises and partners with governments, multilateral organizations, businesses, and social investors to solve the world’s most pressing health challenges and their team includes scientists, clinicians, business leaders, engineers, advocates, and experts from dozens of other specialties.

Ms. Muganda presented PATH's PHC strategy 2025. She said PATH brings together end-to-end system innovation, transformative partnerships, and evidence-based decision-making to help countries and multisectoral partners reimagine primary health care—through a people-centered approach that gives everyone a fair chance at health and protects them against health threats. The strategy shows PATH promotes UHC in three ways;

- ✓ Drive fit-for-purpose innovation in PHC products, services and systems through science, technology and human-centered design
- ✓ Broker transformative partnerships across governments, private sector and civil society to build sustainable PHC ecosystems
- ✓ Champion evidence-based decision-making through optimizing subnational level data capture and use for improved PHC care and financing

She shared strategies to accelerate people-centered PHC. These include;

- ✓ Advancing tailored PHC services that meet community needs
- ✓ Catalyzing optimally resourced PHC systems
- ✓ Strengthening capacity to respond to health threats

She said health systems built on the foundation of PHC are essential to achieve UHC. She said Universal Health Coverage means that all people have access to the health services they need, when and where they need them, without financial hardship: service coverage and financial protection while Primary Health Care (PHC) is the most effective, equitable and efficient approach to health system strengthening, with a focus on the principles of human rights, equity and solidarity. She concluded that PHC is the approach, health systems are the means and UHC and the other health related SDGs are our goals.

She noted that PHC was still the most overlooked and under-resourced part of a country's health system, with the biggest gaps affecting the poorest and most marginalized communities. She said 100 million people fall into poverty annually because of health-related expenses, disproportionately affecting disadvantaged, vulnerable and remote populations.

She said focus should be on mobilizing local resources. She called on participants to advocate for 1% of their Government GDP to be added to UHC. She said transition from GAVI has started, but some countries are still lobbying for delayed transition. She said most of the people struggle with high out of pocket expenditure. She proposed the national health insurance mechanisms to ensure all citizens have access to health services. She called for strengthening local accountability mechanisms to ensure resource allocation and efficient use of resources. She said when commitments are made, they should be followed up to ensure they are honored. She gave Uganda as an example that has consistently invested in child immunization.

She presented results from the PHC policy tracker- which is a new virtual public tracker dashboard tool built by PATH that maps and analyzes data about national-level health policy documents relevant to PHC. She said the tracker was built for policymakers, implementers, and advocates – provides information about PHC policies to help

identify opportunities for impact and enable users to champion solutions for strengthening PHC systems through policy.

- ✓ She said on average, countries' policies for PHC were fairly well aligned with recommendations laid out in key global guidance documents (e.g., conceptual frameworks for robust PHC policies by WHO).
- ✓ Strong priority-setting in policies (important statements of support for key elements enabling PHC), but policies often lack detail around implementation

She discussed the disconnect between policy and practice calling for more research to determine the link between policies and implementation.

Ms. Muganda shared the role PATH was playing in order to support Parliamentarians prioritize PHC towards achievement of UHC and SDGs. These included generating evidence to influence PHC resourcing decisions in Uganda where PATH partnered with the Ugandan Ministry of Health to assess utilization of PHC financing at national and sub-national level between 2016-2020, ultimately contributing to a 7% increase in PHC national budget in 2020; and catalyzing political and technical policy maker alignment in Kenya where PATH collaborated with civil society partners to strengthen parliamentarians' knowledge on PHC - catalyzing dialogues and alignment with technical MoH decision makers for prioritization of PHC financing and policy, among others.

She called on national, regional and global actors to prioritize primary health care as a 3-for-1 investment in universal health coverage, health security and better health and well-being, saying three of these goals depend on the same health systems, and primary health care is their common foundation.

Discussion

1. SDGs are ambitious. We are not coordinating well. The frameworks are delinked from the issues affecting people at the grassroots since they are at the AU level, not at country level. SDGs should be domesticated and CSOs need to do the mobilization to tap into resources.
2. PPD can use the Water conference and push for health since the two are interlinked.
3. Considering supply and demand, you need to look at both divide if you are to achieve UHC so that you avoid being one sided. Public health facilities are not able to make their health insurance claims since they don't have internet to process claims.
4. We may need to forget about the Abuja declaration of allocating 15% to health bearing in mind that health is imbedded in all the other sectors. We need to consider the elements of health and track resources allocated to them. This may give a better picture of health funding.

5. Considering PHC, we need to take the debate further by telling governments to invest in prevention than curative.
6. We need to track the money for comprehensive insurance on vehicles to see how much of it goes to health since it is meant to treat injuries.
7. Sometimes Northern Africa is left out, but we need to learn from them. There are countries like Algeria that are exporting to Europe while some countries in West Africa are importing syringes and aspirin.
8. What is the role of PCCs? Why was the position of PCC established? The PCC's role is to develop an annual national work plan for South-South collaboration, including identification of resources and support required by the Secretariat. This will be explained more in the next session.
9. Regarding financing for health, there is still a problem of resource allocation. Most of the African countries allocation to health is below 10% of their national budget. All African countries depend on partner funding. We need to pick interest in how the allocated resources used. Are they used efficiently? We need to reduce resource wastages in key government departments. There are still issues of poor accountability.
10. Strengthening community structures is important. According to your experience, do we have a model in Africa, because Covid 19 was an example. In Mali deaths due to Covid 19 were less due to decentralization of the health system. Services were brought closer to the people. Some of the community level engagements were used very well during the Covid pandemic. These need to be used very well to address health challenges.
11. Most African countries are spending on curative instead of preventive and talked about sin tax. If you are targeting sin tax, won't you be adding to curative instead of preventive? We are arguing for earmarking a % of such taxes to go to funding health. It is the responsibility of government to develop policies and educate the public about these.

6.4 Discussion on strategic priorities and interventions in African Countries in Post COVID 19 era by Mr. Grace Musoke, consultant

Dr. Grace Musoke said the session was intended to reflect on lessons we should be learning from covid 19. He said post Covid 19, there is a greater urgency to invest in contingency planning. There is need to identify strategies relevant to post Covid 19 era. The defining elements of the post Covid 19 era identified were;

- Health security, emergency preparedness
- Preventive and promotive healthcare
- Community participation
- Embracing of new technologies
- Enhanced advocacy since governments have proved they can always mobilize resources
- Greater commitment to self-financing by governments



- Building resilient health systems
- Good coordination
- Invest more in research and innovation
- Food security and nutrition
- Linkage between health and other sectors/ multisectoral collaboration
- Working with the Regional Economic Commissions
- Integration of the effects of C19 in planning and budgeting frameworks
- Promotion of local herbs/solutions
- Document and bring to the fore the

effects of C19 since health affects all sectors of the economy

- Need to invest in local pharmaceuticals/manufacturing.
- Enforcing the health system at the grassroots level.

Dr. Musoke said there is need for preparedness to address pandemics moving forward. This would contribute to the attainment of the UHC and SDGs.

He called for a philosophy to guide our policy makers in order to avoid recurrence of the Covid 19 experiences.

There is need for a mechanism for coordination and collaboration among African countries to avoid waiting and begging.

7.0 SESSION FOUR: Orientations of Partner Country Coordinators

Moderator: Dr. Djenontin Kotchofa Edith, PCC of Benin.

7.1 Strengthening South-South and triangular cooperation for sustainable reproductive health, population and development by Dr. Betty Kyaddondo

Dr. Kyaddondo started by discussing the principles underlying SSCT. These include;



- Solidarity and mutual cooperation underlie SSC and as such it is a broader and deeper concept than Northern donor aid.
- Capacity of developing countries to identify and analyze together development issues and formulate the requisite strategies.
- SSTC represents genuine transfer of resources from the country offering cooperation programmes into economies of partner countries.
- Encompasses financial flows (e.g. loans and grants) provided by one Southern country to another to finance

projects, programmes, technical cooperation, debt relief and humanitarian assistance.

- Sharing expertise, experiences, technology, skills transfers, preferential market access and trade-oriented support.

She said South-South and triangular cooperation was important because achievement of UHC, ICPD PoA and SDGs remains elusive for many countries and new challenges keep emerging. She pointed out high unmet need for family planning and increasing divergence of views around the core ICPD issues, legitimacy of SRHR, gender equality and women empowerment goals at the heart of ICPD PoA.

Dr. Kyaddondo said pandemics, disruption of the global supply system, economic crises and political conflicts threaten to sideline SRHR at the heart of development as governments struggle to respond to multiple crises.

She said in PPD Member countries, SSTC has been utilized as an effective strategy in mobilizing domestic financing as countries provide more resources to agencies to conduct SSTC to achieve development objectives of countries.

She discussed the impact of SSTC on UHC and the SDGs, including;

- Analysis to evaluate and garner information on the practical issues, learn and share good practices of SSTC conducted by PPD
- Several high-capacity national agencies in PPD member countries have SSTC centers of excellence - highly capable of generating resources and actively pursuing partnership with agencies of other countries
- SSTC is utilized as an effective strategy to mobilize domestic financing for SRH/ FP e.g. NEAPACOH, EARHN, NPCs' Collaborative Framework, etc.
- UNFPA through the SSTC strategy has supported PPD Member Countries to conduct:

- ✓ SSTC advocacy
- ✓ Capacity development
- ✓ Technology transfer
- ✓ Documentation and sharing of good practices
- ✓ Resource mobilization with emerging economies

Dr. Kyaddondo said in order to strengthen SSTC at national level, member countries need to;

- Establish institutional framework of SSTC (National Task Force) with relevant agencies, political leaders, administrators and thematic experts who are eager and capable to document and share knowledge, find suitable partners, enter into SSTC relationships, nurture and sustain the relationship, and mobilize resources.
- Explore who to partner with and in which activities beyond governments.
- Continuously build capacity for an integrated approach beyond population and health to partners such as those engaged in planning and financing.
- Strengthen commitment to utilize SSTC to engage actively and benefit fully from SSTC power (Integrate and budget).
- Monitor, evaluate and report on national progress and successes.
- Strengthen coordination of country efforts beyond SRH to Agriculture, food security, climate change for SSTC.

She called upon member countries to addressing emerging challenges through;

- ❖ Documenting, sharing and scaling what works – Evidence, programmatic examples, tailored interventions and innovations at our disposal to reach the vulnerable.
- ❖ Sharing knowledge and good practices to programme leaders and partners.
- ❖ Designing and tailoring SRH/FP programmes that uphold individual rights and choices while addressing the megatrends and demographic pressures shaping our world today – leverage global evidence to local realities.
- ❖ Tapping powerful partnerships. Governments, development partners, civil society, the private sector including social entrepreneurs, and youth-led organizations all have a role to play.
- ❖ Secure sustainable financing. Donor funds are essential but intensify efforts to sustainably finance programmes with national governments in the lead

7.2 The role of PCCs and National Task Force in promoting SSTC by Ms. Irene Ashikhongo Muhunzu, PCC of Kenya

Ms. Irene Muhunzu said each PPD member country designates an officer from an appropriate government institution to coordinate the activities of PPD. The PCC plays a number of roles, which include;

- ✓ Participate in meetings/trainings to promote SSC
- ✓ Provide technical assistance to the PPD board member
- ✓ Create awareness and support for SSC at national level
- ✓ Dissemination; information, scholarships
- ✓ Organize for study tours, exchange programmes/ expertise on SSC
- ✓ Promote youth initiatives that promote SSC
- ✓ Documentation of best practices on RH, FP, Population & Development (South-South Galaxy)
- ✓ Promote Strategic partnerships
- ✓ Advance bi-lateral and Multi-lateral SSC for achieving ICPD & SDGs
- ✓ Advocacy for budget allocation

She discussed the role of the National Task Force in promoting SSTC. This included the following.

- ✓ Form NTF- of a wide range of partners across various government ministries, NGOs/CSOs, sectors
- ✓ Develop National Action Plan (2020–2030) Country Commitments
- ✓ Report on progress in implementing country commitments – Kenya has 3 annual progress reports–**promote SSC as an accelerator**
- ✓ Use national reporting mechanisms on indicators (National Integrated Monitoring and Evaluation online System- e-NIMIS to integrate ICPD25 indicators)
- ✓ Develop scorecards to demonstrate level of efforts towards achievement of commitments within each sector
- ✓ Apply innovation and technology in dissemination – (ICPD25 Kenya Hub/website)
- ✓ Promote SSC through sharing of knowledge, innovation and best practices to scale-up implementation of ICPD25 Commitments

Ms. Muhunzu said Kenya has established the ICPD@25 Kenya hub and will be reporting ICPD progress using this platform. She said Kenya was looking at an exchange tour to Indonesia to promote Africa-Asia SSC on centres of excellence. She called upon PCCs to deliberately work towards forging SSC for achieving the goals.

Discussion

1. In the interest of SSC, PCCs need a WhatsApp group to ease communication and learning from each other.

2. As PCCs, do we have work plans every year? The PCCs implement the work plan agreed upon by the board.
3. Uganda is organizing the DD conference on the 25 and 26 of April. Please share your work to enable learning from each other. The call for abstracts will be shared with PPD ARO.
4. PPD has a strategic plan and every year the board develops the annual plan for the member countries to achieve UHC.
5. How can the reports by Kenya be accessed? The PCC of Kenya will share the progress reports mentioned during the presentation with members.
6. Countries should be planning for participation in the PPD meetings, including the PCC meetings.

8.0 SESSION FOUR: Closing Session

Moderator: Mr. Patrick Mugirwa, Programme Manager PPD ARO.

8.1 Recommendations and next steps by Ms. Eva Nakimuli, Programme Officer, PPD ARO

Ms. Nakimuli started her presentation with key issues from the discussion. These included;

- ✓ Covid 19
- ✓ M-health, Innovations and technology
- ✓ Innovative health financing mechanisms-health insurance, sin-tax, etc.
- ✓ Climate change
- ✓ Community participation

She then presented the recommendations. These included the following;

- ✓ Prioritize interventions for consideration in order to achieve UHC.
- ✓ Engage countries to enact laws in favour of new technologies that will accelerate achievement of UHC and SDGs.
- ✓ PCCs need to engage strategic groups like EARHN, ECOWAS, EAC, in improving the lives of their people.
- ✓ Leverage other funding platforms to support UHC e.g. climate change funding that has continued to increase over time.
- ✓ Promote strategic Collaborations and Partnerships

- ✓ Need for continuous engagement with policy and decision makers to enact strong policy frameworks to guide the roll out of PHC to achieve UHC
- ✓ Strengthen the health care system and social accountability mechanisms to attain UHC
- ✓ Track the allocations to the different health components beyond the health sector
- ✓ Mobilise communities for preventive care rather than wait to go for curative
- ✓ Advocate for utilisation of sin tax and traffic fines for health
- ✓ Put in place mechanisms for coordinated follow ups
- ✓ Document best practices

She presented the way forward, which included;

- ✓ PPD to include a session on Domestic health financing for UHC and SDGs on the agenda of the inter-ministerial and PPD Board meeting
- ✓ PCCs to follow up on and track the implementation of the country commitments
- ✓ Create a WhatsApp group for the PCCs

8.2 Remarks by Mr. Patrick Mugirwa, Programme Manager, PPD ARO

Mr. Mugirwa thanked the participants for committing their time to the meeting. He appreciated the PCCs for sharing their experiences and believed each participant had picked what can be implemented to accelerate progress towards achieving UHC and SDGs.



Mr. Mugirwa appreciated all partners for the support to PPD ARO to organize such a meeting, saying the challenges affecting African countries regarding UHC and the SDGs are the same. He believed there was no reason to re-invent the wheel but to scale up high impact interventions already being implemented in some African countries.

He said other PCCs had been invited but they failed to attend the meeting. He called for continued engagement in order to learn from each other.

He pledged continued support by PPD ARO in ensuring member countries meet and learn from each other as much as resources can allow. He thanked all the facilitators for their time and wonderful presentations and the participants for the discussion and attending the meeting. He appreciated his team for working tirelessly to ensure the meeting succeeds.

8.3 Closing remarks by the Hon. Minister of State for Finance, Planning and Economic Development (Planning)

Dr. Jotham Musinguzi, on behalf of the Minister appreciated PPD ARO team for successfully organizing both NEAPACOH and the PCCs meeting. He read the Minister's speech verbatim.

He welcomed the PCCs and other delegates from PPD member countries to Uganda. He said PCCs from the member countries of Cote d'Ivoire, Egypt, Ethiopia, Morocco and South Africa were invited to attend the meeting but for some reasons beyond their control, were unable to attend.

He said as a new PPD Board member for Uganda, he had had the opportunity to study and familiarize himself with what PPD does and indeed the work of PCCs. He said his knowledge and understanding of PPD was further buttressed by his attendance of the PPD inter-ministerial conference that was organized at the side-lines of the International Family Planning Conference that was held in Pattaya, Thailand in November 2022.

He said PPD was established as an inter-governmental alliance to promote south-south cooperation in the field of Reproductive Health, Population and Development among the member countries and Uganda considers south - south cooperation as a very important initiative in advancing the ICPD agenda as well as the 2030 agenda for sustainable development. He was very happy that Uganda has been associated with PPD since its formation, and more so, with PPD Africa Regional Office that Uganda hosts.

The Hon. Minister said the theme of the PCC meeting “**Strengthened SSC for the attainment of UHC and SDGs in PPD Member Countries**” resonates very well with the mandate and strategic thrusts of PPD. She noted that some good time had been provided for sharing country progress, good practices, opportunities and challenges in attaining UHC and SDGs through South-to-South Cooperation. He said the meeting was very critical as it allowed space to interact amongst participants as well as learn from each other lessons and good practices that have worked and can potentially be replicated to accelerate the achievement of the UHC and SDGs in their countries. He said the SSC is very appropriate, and should be encouraged, because African countries share common health and population challenges and their solutions are similar.

He called for taking stock of achievements, lessons learned and remaining challenges, as well as developing concrete actions for accelerated implementation of UHC and SDGs agenda. He said the UHC and SDGs agendas that were ratified by our countries in December 2012 and September 2015 are very important agreements and initiatives that should not be relegated to shelves. He said they are excellent blue prints which contribute to the wellbeing of society if effectively implemented. He appreciated the

