

## **A Case study on the Impact of commercialization of the health systems and the East and southern Regional Approach towards the attainment of social accountability in the times of COVID-19 Pandemic**

### **Introduction**

#### **Human Rights Research Documentation Center (HURIC)**

Human Rights Research Documentation Centre (HURIC) is an indigenous, non profit, research documentation and advocacy organisation promoting Human Rights research, implementation and reform approaches. Our vision is to influence the human rights implementation and reform approaches that are responsive to the respective East African Regional needs.

HURIC has positioned itself as an organization that hinges on Participatory Action Research (PAR) and Public Interest Litigation (PIL) Models as a tool to define greater rights in the area of health and human rights. Under Social Empowerment and Participation, the organization seeks to explore the strengths and limitations of existing social accountability tools and mechanisms as used in local government processes with a view to making proposals for strengthening them.

#### **People's Health Movement Uganda Chapter (PHMUGA)**

PHM Uganda, the country chapter of the PHM Global, is currently hosted and coordinated by Human Rights Research Documentation Center (HURIC). HURIC's main purpose is to provide support and coordination to ensure that PHM's global campaigns impact health policy and practice in Uganda, while at the same time identifying and amplifying the voices of ordinary, grassroots people of Uganda on issues that the global campaigns seek to address. This unique approach recognizes that while each country or community faces unique challenges in accessing healthcare, national governments as the primary duty bearers, supported by global actors, are implementing solutions prescribed at the global level.

PHM's Health for All campaign, which aims to inform and influence governments to address structural and systemic weaknesses in the health system, contributes directly to the global goal of achieving Universal Health Coverage (UHC) by 2030. PHMUGA seek to empower communities and strengthen the citizen voice (including by building a strong PHM following) in interventions aimed at achieving UHC, including the National Health Insurance Scheme (NHIS), the National Minimum Health Care Package (NMHCP)/PHC, etc. Having a strong citizen voice in these interventions helps build a people-centered health system that addresses the health needs of ordinary people, including those of vulnerable populations.

HURIC and PHMUGA engages partners through the International People's Health

University Online program, Assemblies (like the concluded People's Health Assembly 1, 2, 3 and 4), and by strengthening the capacity of civil society leaders and organizations through the People's Health University. The People's Health University is intended to marshal organizations and activists to advocate for



improved governance, accountability and transparency in human rights to include the Economic Social and Cultural Rights in health (including both access to health care and the underlying determinants of the economic social and cultural rights, conform to universal human rights norms).

### **The Problem Statement and, or Issues of Concern**

Uganda and the Eastern and Southern Africa region have not fully implemented Primary Health Care for simple, preventable diseases like malaria. The COVID-19 pandemic has revealed an information gap in creating public awareness and controlling infodemics, as well as neglecting Family Planning. Commercialization of the Health system has led to poverty from out-of-pocket expenses, highlighting the need for a defined Universal Health Coverage (UHC) model. A clear plan for implementing UHC is lacking in Uganda.

The HURIC and PHMUGA coalition recognizes that there is a huge gap in how state and non-state actors work together in Uganda's healthcare system. There is a lack of shared goals and approaches, which makes it difficult to make progress.

The government of Uganda has said that it wants to make sure that everyone can access healthcare, but some private health services prioritize making a profit. For example, some public-private partnerships (PPPs) have been pushed by donors and international organizations like the World Bank, the OECD, and the UN<sup>1</sup>. While PPPs are not new, they are becoming more and more popular, and some people worry that they could make it harder for people to access the care they need.

Basically, HURIC and PHMUGA's concern is that the focus on profit-making could end up hurting people who need healthcare the most especially the vulnerable communities whose dependency budget is less than \$100 per year. We believe that there needs to be a more coordinated approach to healthcare in Uganda, with shared goals and approaches that aim at making sure that everyone can access the care they need.

PPPs are also specifically encouraged under Social Development Goal (SDG) 17, target 17 that calls on governments to: *"Encourage and promote effective public, public-private and civil society partnerships, building on the experience and*

## *resourcing strategies of partnerships<sup>1,2</sup>*

Donors have actively promoted PPPs through the provision of advice and finance for PPP projects, and even promoted changes in national laws. The World Bank's Maximizing Finance for Development<sup>3</sup> (MFD) approach deliberately seeks to

<sup>1</sup> Romero, M-J. 2015. 'What lies beneath? A critical assessment of PPPs and their impact on sustainable development', p.13. Brussels: Eurodad. <https://eurodad.org/files/pdf/1546450-what-lies-beneath-a-critical-assessment-of-ppps-and-their-impact-on-sustainable-development-1450105297.pdf>

<sup>2</sup> United Nations. 2015. 'Transforming our world: the 2030 Agenda for Sustainable Development'. New York: United Nations. [https://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)

<sup>3</sup> World Bank. 2020. 'Maximizing finance for development (MFD)'. <http://www.worldbank.org/en/about/partners/maximizing-finance-for-development>



promote private over public finance and, in 2017, the Bank specified the adoption of new PPP laws, policies or administrative units as a condition for new loans in six different countries: Tunisia, Afghanistan, Mauritania, Bhutan and Burkina Faso, and Grenada.<sup>4</sup>

Donors are increasingly promoting PPPs both as a solution to the 'financing gap' and as a response to cuts in services and infrastructure under austerity. In so doing, they are failing to acknowledge that these problems are a direct result of the macroeconomic policies they themselves have imposed on other governments as part of conditionality packages (see section 4).

The promotion of PPPs is seen by critics such as Theo Toonen and John de Wit who in their publication "Public-Private Partnerships in Health Care: International Overview and Framework for Policy Analysis" highlighted the high transaction costs, unclear accountability and conflict of interest that undermine the effectiveness of PPPs in the health sector.

However, it is governments - and ultimately citizens and communities - that pay the costs. In search of foreign investment - heralded as a panacea for the so called 'financing gap' - governments have been persuaded to provide costly and unnecessary incentives to corporations that then fail to deliver tangible benefits.

To achieve the SDGs, and other social goals, governments must ensure public services and social infrastructure meet the needs of *all* users including those that are hardest to reach. These are political decisions governments will need to make. Realistically, the provision of universal, gender-transformative services is likely to cost more to the provider - whether this is the cost of adequate childcare provision, better sanitation in schools, safe carriages on trains, or roads to remote areas. However, unlike governments, private sector providers are ultimately accountable

to their shareholders - not citizens or communities. They have to put profit first, with limited incentive to meet social goals.

**A methodology/approach/mechanism HURIC-UGANDA (PHMUGA) has used as a social accountability practitioner platform during COVID-19.**

HURIC together with PHMUGA in this trying time of the aftermath of the pandemic have taken part in various engagements with different partners like; Open Society Initiative East Africa; Health Poverty Action; Wemos; Uganda Coalition on Access to Essential Medicines (UCAEM); Reproductive Maternal New Child Adolescent Health + Nutrition Coalition, and Health Systems Advocacy Partnership to establish the impact of the pandemic on the already vulnerable health systems in the East and Southern region of Africa. The common approach for this engagement has been through mobilizing partners with a common concern to conduct critical desk review research and publications on the challenges posed by the private sector

<sup>4</sup> Brunswick, G. 2019. 'Flawed conditions: the impact of the World Bank's conditionality on developing countries', p.6. Brussels: Eurodad. <https://eurodad.org/files/pdf/1547058-flawed-conditions-the-impact-of-the-world-bank-s-conditionality-on-developing-countries.pdf>

engagement in the public health system, forming critics around the WHO strategic approach towards the involvement of the private sector in public health systems and also drafting sign-on letters that detail the visioned challenges in commercialization of the health systems.

**Lessons Learnt and Way Forward.**

The most effective approaches and lessons learnt are the need to share best practices from different stakeholders from the region. HURIC together with PHMUGA have attended and participated in webinars and virtual workshops and platforms in which activists and strategic individuals in places of influence that discuss and share best practices on issues of the private sector engagement in the financing of public sector departments and raising evidences of failures or success stories. The major lesson through this is keeping a proper documentation of experiences of tough situations to provide a proper guideline in framing solutions to other rising similar challenges. Through the Movement connecting with various experiences, has allowed for learning and development of strategic approaches to challenge the narrative of privatization were need be. As activists working with the movement the challenges of privatization impacting on the health systems at this critical time of the pandemic has emphasized the need for a common voice locally in Uganda and regionally in the East and Southern region of

Africa in a bid to regulate the synergies with the private players by advocating for fair Memorandums of Understanding. That these Memorandums of Understanding should be hinged on the principles of equity and be subjected to critical public scrutiny. This will help regulate and curb the health rights inequities among the private players whilst interacting with the public.

### **Recommendations and proposed remedies**

We seek to remedy this through engaging the stakeholders in the region through concerted efforts mobilized using various approaches such as;

- A call for documented case studies on the challenges and remedies established from our regional fact findings in dealing with the impact of commercialization of health.
- Drafting and publishing position papers on the select cases detailing the effects of commercialization of health amidst the grave concerns of the pandemic.
- Development or crafted of IEC messages against the vices of health system commercialization through privatization.
- Development and synchronization of health advocacy strategies to be shared among the partners (An Advanced SMART Advocacy Manual on health commercialization).
- Development of the infodemics management manual to share best practices and guidelines to counter false narratives during trying moments of public health.
- Advocate for a well laid out plan on this road map and above all include PHC as the fast level of care through a multi-stake holder approach.

Finally, the developed materials will be used by the partners to mobilize, empower and engage communities at the grass root so that they seek accountability from their leaders.

### **Monitoring and Evaluation process.**

HURIC/PHMUGA will use performance information in the decision-making framework. This will begin with the process of making a strategic plan and assessment to whether it is working. This will be done by comparing the strategic plan with time spent.

HURIC/PHMUGA will share a report with PHM global and the regional partners so as to commence action on the shared concerns and best practices. This will eventually emanate into a position paper comprised with evidence from all participating country chapters of the PHM that will be shared regionally and globally to the powers that be like the World Bank, World Health Organization and

the different players in the country ministries.

All these efforts will be hinged to the strategic plan and then the assessment as to whether the plan is working will depend on the assessment done through the final process which will be the Monitoring and evaluation.

The above approach is hoped to exhibit the performance measurement and management to strategy at all levels, organizational transparency, organizational objectivity, organizational learning, efficiency, performance enhancement and effectiveness.