

A People’s Health Movement Documentation of Case Studies on health activism in Africa: The Ugandan Perspective on Promoting Health for All - NOW!

The area of emphasis in principles to PHM Uganda has since memorial been to champion the right to health for all through rights-based approaches. This was affirmed at the People’s Health Movement Sub-regional gathering in Kampala Uganda from the dates of **27th to 30th of October, 2013**. The gathering was aimed at developing a strategy to strengthen the Movement in the region towards health for all. The gathering concluded with country action plans and a general call to action¹. [The declaration recommended that there is the need to strengthen country circles by strengthening the structures, the need for community people centric engagements as grassroots and the development of a regional committee. The need to document the failures and successes of the movement was encouraged so as to create a catalogue of growth that will create history to the next generation of activists. The spirit of working together as a regional movement was brought to life then².



Fig.1: A picture of the East African Sub-regional gathering participants taken on the 30th of October, 2013.

The main goal of this case study is to interrogate the People’s Health Movement Uganda (PHMUGA) approach to advocacy on attainment of a resilient and more realistic model towards the attainment of Universal Health Coverage (UHC). The case study will identify with evidence from a PHM engagement that saw activists come together in an activity to establish the knowledge base on UHC in communities of Isingiro (Specifically in Birere Kakoma health centre III) during the month of May in 2019, encourage participation and collect views on a more practical UHC model from these unique rural communities of a hard-to-reach Border District of Uganda.

To begin with, Universal Coverage can be used to justify practically any health financing reform or scheme. Policy and policy analysis need to shift from the scheme to the system level. Our analysis from the Border District of Isingiro has helped us understand and appreciate the need to unpack the definition of health financing for universal coverage

¹ <https://archive.phmovement.org/en/node/8137> accessed on the 5/11/2020 at 2.09pm EAT.

² <https://archive.phmovement.org/en/node/8137.html> accessed on Wednesday, 7th April, 2021 at 11:05 am

as used in the World Health Organization's health report 2010³ to show how UHC embodies specific health system goals and intermediate objectives and, broadly, how health financing reforms can influence these. We focused attention to understanding Health financing policy and discovered that it is just an integral part of efforts to move towards UHC, but with the help of relevant literature soon discovered that for health financing policy to be aligned with the pursuit of UHC, health system reforms need to be aimed explicitly at improving coverage and the intermediate objectives linked to it, namely, efficiency, equity in health resource distribution and transparency and accountability. Our community engagement in pursuit of a possible UHC scheme for rural settings like Isingiro District established the need for unit analysis for goals and objectives which must be the population and health system as a whole. We also learned that what matters is not how a particular financing scheme affects its individual members but rather how it influences progress towards UHC at the population level.

We noted with concern while in Isingiro District that the population included a big number of cross-border migrants and the people's participation in demanding for their right to health is limited. It is important to bridge this gap by encouraging community participation mostly in these remote and hard to reach areas with scarcity in service and access. It is on record that many governments in Africa only bow down to people's demands and in most cases will pay off or stifle the message that enlightens the people. This is why we seek participation from the masses to demand that the proposed scheme is compatible with Universal Coverage and does not in the end undermine its goals and objectives. So, whatever the scheme or model that is proposed to attain UHC should address the three dimensions of health care: (1) Comprehensiveness of the services provided 2) Percentage of population covered by national health system 3) Percentage of the cost covered by means other than out-of-pocket payments.

On or about the UHC day during the month of December, 2019 which we held in the slums of Katwe⁴ marked the beginning of a campaign by People's Health Movement Uganda chapter to engage with the communities for ideas as to creation of a workable, efficiently applicable UHC model design for Ugandans mostly those in hard to reach areas that can deliver health justice. Our campaign targeted the poor, disadvantaged and alien/non-documented migrants distanced from access to health justice and care in the health systems who are at the mercy of well-wishers (NGOs).



Fig.3: A Match through the slam of Katwe and presentations on the meaning of UHC.

The access to health justice campaign started in December, 2019 has since been opportunistically benefited by the COVID-19 pandemic which further exposed the Ugandan health systems in the already weak health systems hence highlighting the urgent need for an inclusive Universal Health Coverage model for all regardless of social status, class or political affiliation. The message we share on UHC is that we need to progress to a rights-based approach to health, represented more adequately in earlier initiatives, such as the Primary Health Care concept (Alma Ata Declaration 1978) and the Health for All WHO strategy (2000).

³ The world health report – Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

⁴ Katwe is one of Uganda's slums which symbolises urban poor, disadvantaged and alien immigrants distanced from access to health justice and care in the health system.

The PHMUGA rights-based approach is built on the emphasis that health is fundamental to human rights and underscores everyone having a right to the highest attainable standard of physical and mental health⁵. PHMUGA makes efforts through a rights-based approach to advocate for the right to health in Ugandan and the East and Southern region by the standards as stated in below: -

- Recognizing the political, economic and social determinants that strongly influence the health of individuals and populations. A health in all policies approach is needed to address determinants beyond the health and social protection system.
- A people and community-centered approach that is inclusive and an accessible formal mechanism of participation and dialogue. Empowers people and communities to claim their rights.
- Ensures no one is left behind, by conveying rights to people at higher risk, including non-citizens, migrants and refugees. Demand the obligation for states to provide additional attention and support to ensure that vulnerable groups can fulfil their human rights to the same level as the wider population.
- Addresses all forms of discrimination or exclusion from health and public services, not only financial.
- That the approach guarantees the right to health for all rather than a minimum level of health coverage.
- Advocate for a stronger and well-funded UN system including the WHO and other relevant UN agencies to serve in an oversight and monitoring role.

The Movement in Uganda through documenting evidence-based practices has highlighted the existing gaps (Non-documented migrants in the urban poor communities). This has also helped to strengthen the Movement in its research and documentation capacities. PHMUGA has over the years self-capacity built in a bid to enable a system of information sharing and publication of the plight of the poorest poor and indolent. An analysis of the characteristic events from the established gaps makes the case towards the need to engage the masses with keen consideration and informed approaches from the best practices. As the Ugandan Chapter of the People's Health Movement, we have been greatly improved by learning from the collected best practices (What works and what does not work), we have documented them and have come up with theories of change that we believe define change in given circumstances. Above all, PHMUGA from an informed point view (collected best practices) asserts the need to sensitize communities and encourage participation as an imperative towards UHC and its implementation⁶.

Conclusion

In conclusion therefore, PHM Uganda's approach to working in disadvantaged communities is focused on a rights-based approach to attain improved health care through community participation and thus provides a basis for advocacy. Not only is participation a right in itself, it is also instrumental to realizing other rights, such as the right to health. It is worth noting that there is a need for better coordination of the public health systems. This better coordination can best be achieved through community participation. Community participation in the Uganda health system would demonstrate improvement in the effectiveness and sustainability of its health interventions, programs and services in various ways – for example, lowering the costs for service delivery through voluntary community efforts and mobilization of resources from outside the health sector. This work has not only benefited the target population but also has in one way or another strengthened the PHMUGA movement. This has been through allowing better and more formidable connections of the Movement that have enabled it to cause impact in various communities. The funding of the movement has since improved and it is currently looking at registering a more dynamic leadership and a tractable fundraising model to fund its work. Through all this arrangement the Movement in Uganda has capacity self-built on publication and research. The individuals in the movement that lead these processes are also benefiting both the movement and themselves as they broaden theirs and the movement's networks.

⁵ "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." WHO Constitution, July 22, 1946

⁶ Community health workers as an integral part of the Ugandan health systems need to be included in the UHC model as the foot soldiers to the first line of demand for care for the disadvantaged and indolent.

References

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4. Katwe is one of Uganda’s slums which symbolises urban poor, disadvantaged and alien immigrants distanced from access to health justice and care in the health system.
5. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” WHO Constitution, July 22, 1946
6. Community health workers as an integral part of the Ugandan health systems need to be included in the UHC model as the foot soldiers to the first line of demand for care for the disadvantaged and indolent.