



Kisumu Civil Society Organization’s UHC Conference Position Paper

Introduction

The right to health is espoused in the Constitution of Kenya 2010 specifically under article 43(1) which provides for the right to the highest attainable standards of health. The Health Act 2017 further specifies at Section 4 states the fundamental duty to observe, respect, protect, promote and fulfill the right to the highest attainable standards of health and expounds the role of the government on appropriate information dissemination and this ensuring no one is left behind.¹

Universal Health Coverage (UHC) realizes the principle that all individuals and communities should have access to effective and high-quality essential health services (promotive, preventive, curative, rehabilitative and palliative care), without experiencing financial hardship.

Also, the Kenyan government while adopting the Sustainable Development Goals (SDGs) committed to achieving Universal Health Coverage by ensuring access to quality health care and accessible, affordable, available and quality health services while ensuring financial risk protection. Kenya has reinforced UHC as a political priority and with the rollout of UHC in the four pilot counties, informed by the UHC high level meeting conducted in April and the political good will in implementing UHC, the following are what the CSOs in Kisumu County want to see:

1. People centered approach

The theme of the SDGs is that no one should be left behind. This theme has also been adopted as one of the UHC principles.

Communities and Civil Society Organizations that represent the needs of the various marginalized groups should be meaningfully engaged in the pilot of UHC. Therefore, in an effort to make the process people centered, CSOs should be meaningfully engaged in the pilot implementation phase and the existing UHC structures e.g. the County Reference, Working Groups and the Core Team; and coordination with the UHC County Coordinator. To do this, the programme management should embrace bottom-up approach.

The government needs to be cognizant of the fact that a holistic health care system is determined by various factors including gender, the marginalized groups, persons with disability, adolescent girls and young women (AGYW), persons living with HIV (PLHIV), Men who have sex with Men (MSMs) and other rights holders among other factors. There is therefore need for consultation with the various groups that specialize on these aspects to ensure no one is excluded in the noble effort to ensure access to health for all.

¹ Health Act 2017 article 10

2. A UHC that takes into account the rights-based approach to health

We want a UHC that focuses on the health needs of the individuals as worded in article 43(1) of the constitution. The process should also take into consideration the ratified international legal instruments relating to the rights to health of the various groups and principles of international law including non-discrimination, equality, equity and inclusion. There is a growing concern as to whether UHC strategies in place are not only gender and disability responsive but takes into consideration the various vulnerable communities including AGYW, PLHIV, key populations, youth, women among others.

There is a need for removal of punitive laws to address not only the medical issues but the bio medical aspects in promoting the right to health for all.

3. UHC that promotes the meaningful engagement of Civil Societies and relevant vulnerable communities

Civil society have a duty to present the rights of the communities they work with, failure to engage them translates to failure to engage communities and goes against the right to access to information. This is premised on the fact that no civic education has been conducted in the pilot counties and thus the individuals do not understand what UHC means for them.

There is need for multi-stakeholder engagement in monitoring the planning and implementation of UHC in the County, taking into consideration the vulnerable populations represented by the CSOs.

We therefore recommend that; the county implements of the Kisumu County Public Participation Act 2011, in relation to UHC; the government facilitates increased awareness on the UHC essential packages; the CSO's and the government develop and implement a Civic Education Manual to be used by stakeholders; the government facilitates inclusivity in relation to public information access about UHC, monitor and evaluate the process.

We also recommend that that the county and national government make available to the public a copy of the Memorandum of Understanding between the Ministry of Health and the County Government of Kisumu to enable communities and CSOs understand the scope and working mechanisms of UHC between the national and the county government.

4. A self-sustaining UHC

Financial protection is a key pillar of UHC. Therefore, the county government should improve generation, allocation and use of funds. The government needs to ensure UHC is self-sustaining to protect individuals from paying out of pocket and also to ensure the services delivered will be of good quality. The financing should also target priority populations and services including PWDs, key populations, persons affected or infected with HIV, TB, malaria and Hepatitis C.

UHC goes beyond financing; the government should anticipate increases in staffing, more demand for commodities and medicine and thus there should make plans to ensure the progressive response to the increased need for health care services.

5. UHC that has clear accountability frameworks

How will the government be held accountable and partners meaningfully involved in the process? The government has a key role to play to ensure engagement of all stakeholders in the various UHC platforms and ensuring transparency and accountability in the processes, policy development, public communication plans, developing review mechanisms and ensuring marginalized and vulnerable populations are not left behind.

Aware of the fact that the UHC budget is yet to be released for its intended purpose, we recommend that clear and transparent processes be adopted to ease spending of allocated funds, allocate for more domestic resources for UHC, and share audit reports.

We therefore recommend that; the government should develop an accountability framework that is consultative based on constitutional principles; a UHC policy should be developed or reviewed to provide for access to meaningful information, and civic education be rolled out; the agreements and MOU's between the County Government of Kisumu and the national government or any other partners should be shared out with stakeholders; the members of public.

Effective advocacy and service delivery relies on availability of relevant data. There is a growing concern that includes lack of local research on UHC and lack of transparency in so far as UHC information is concerned.

We also therefore recommend that; the county government holds regular UHC review meetings; the county should conduct regular surveys to track UHC progress and disseminate the information; monitoring and evaluating UHC should be done and should include participation of all key stakeholders

There is also a need for the government to align the policy framework for UHC to take cognizance of the existing framework on ethics, anti-corruption, transparency and accountability.

Signed by:

1. CFP
2. COFAS
3. Community Advocates
4. Empower HER Initiative
5. Family Health Options Kenya
6. Happy Life for Development Community Based Organization
7. Heart to Heart Smile
8. Her Empower Initiative
9. INUKA
10. Jiu Pachi Community Based Support Centre
11. Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN)
12. Kisumu Medical and education Trust (KMET)
13. Lead Initiative Kenya

14. LIVERO Consortium Project
15. Local Initiative Development Agency (LIDA)
16. MAAYGO
17. Make Me Smile Kenya
18. MeTA Kenya
19. NYARWEK
20. Optimum Life Choices
21. She Deserves
22. She Deserves to Soar
23. TINADA Youth Organisation (TIYO)
24. Undugu Society of Kenya
25. Victoria Point Community Based Organization
26. VOWWEK