How policy advocacy improves health equity
STORIES FROM UGANDA
PATH'S MISSION
Advance health equity through innovation and partnerships

PATH supports access to and availability of health services through advocacy at the highest national and community levels

Cover photo: PATH / Deogratias Agaba
How policy advocacy improves health equity

STORIES FROM UGANDA

Advocacy is a powerful tool for advancing health conversations to policy action and budget allocations. This book captures stories of PATH's collaborative advocacy efforts to improve health equity in Uganda over the years. Our policy advocacy journey in Uganda begun in 2014, when USAID awarded PATH, a five-year US$ 20 million citizen-led Advocacy for Better Health grant that focused on promoting citizens' rights and responsibilities to demand for access to and availability of quality health and social services. In 2017, PATH in Uganda received a booster grant from Bill & Melinda Gates Foundation to focus on building a network of advocates to champion improvements in policy and financing for immunization, primary health care (PHC), reproductive, maternal, newborn, child, adolescent, and ageing health (RMNCAAH) and access to medical oxygen.

Since 2002, PATH has partnered with the Government of Uganda through the Ministry of Health to implement impactful projects and programs that promote health equity. Our policy advocacy agenda in Uganda has been critical in supporting the adoption, implementation and financing of smart policies that advance the realization of universal health coverage in Uganda.
“PATH engages the government on several levels – providing data that informs Members of Parliament on the health committee and the immunization forum enabling them to formulate equitable and responsive policies. PATH provides the evidence to make a case for the required finances and policies. This supports strong collaboration between the Ministry of Health and the Parliament of Uganda, enabling them to advocate using evidence.

Beyond that, we support both policy formulation and implementation in collaboration with civil society partners and the technical teams at the Ministry of Health. To strengthen implementation we provide technical assistance ensuring that demand, supply and service delivery are adequate. Our partnership is effective because it is integrated.”

Dr. Betty Mirembe, Country Director, PATH in Uganda
How we turned conversations into commitments

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Weaving partnerships for policy advocacy

PATH forges partnerships with a range of country stakeholders to make critical inroads for health services that meet the actual needs of communities. We have partnered with governments at the national level through ministries of health and parliamentary forums to prioritize important health issues and shift policy to narrow funding gaps. Recognizing that civil society coalitions provide invaluable local insights and on-the-ground evidence, PATH has in the last three years been the coordinator of the Uganda Reproductive, Maternal, Newborn, Child and Adolescent Health platform with 180 members. PATH supported the creation of the Primary Health Care ThinkTank with 17 local and international member organizations. This has included building their capacity to distill policy issues and advocate decision makers and influencers effectively. We believe partnerships build strategic, scalable, and sustainable interventions that outlive our initial support.
What we achieved with our partners

- **UGX 12 billion** increase in immunization financing for traditional vaccines for FY2019/2020
- **52** Civil society members capacity built in advocacy and 15 trainer of trainers supported
- **20+** local governments supported to achieve budgetary improvements
- **41+** policies influenced and budgets approved
Accelerating domestic financing for immunization

PATH drew from decades of global experience in immunization and vaccines research and advocacy to provide evidence to decision makers and support civil society to advocate for budgetary increases in allocations for immunization funding.

Kateeba Stephen accompanies his partner, Kauma Janat, to Nawandala Health Centre III, Nawandala sub-county, in Iganga district to have their son immunized against polio. One of the few males waiting at the health centre, he attributes his involvement in the health of his child to being educated. Kateeba says, “I went to school and I always attend the health meetings of health workers about immunization. I have also seen children get lame from not being vaccinated.” He is not bothered about being the only man waiting in line for his son to be immunized. “It is best for me to take responsibility and escort my wife and child for immunization so that he may grow up healthy,” Kateeba says. Kateeba is mostly happy because they do not have to wait the whole day to be served at the health centre.

More money for immunization vaccines and outreaches improves outcomes for babies

Photo: PATH/Seguya Mutwalib
Although community outreaches were conducted by village health workers, Kateeba says he wanted to take his firstborn son to the health center to ensure he is checked properly so that he does not fall ill in the future.

PATH’s policy advocacy contributes greatly to a functional service delivery ecosystem at the sub-national level. With strong policies in place, more children, like Kateeba’s, are able to receive life-saving vaccines.

**Implementing at the health facility**
Kisakye Naume is the Expanded Program for Immunization Focal Person at Nawandala Health Centre III. She credits the District Health Office support with improved service delivery at the health centre. “They conduct monthly support supervision and respond to the challenges like ensuring we have enough vaccines and facilitating community outreaches to cover all the five parishes that we as a sub-county health centre serve. We are no longer overwhelmed because there are more service centers which improves the quality of our services.”

Kateeba Stephen with his partner, Kauma Janat at Nawandala Health Center III in Iganga District preparing for their son’s immunization

Photo: PATH/Seguya Mutwallib
The outreaches are important because village health teams provide health education in communities, driving demand for critical health services like immunization. It is through these outreaches that couples like Kateeba and Janat learned about the importance of immunization.

Kisakye adds that, “The outreaches encourage people to come for immunization. Because the drugs are also available, more children are coming for immunization services, which was not the case before. One mother tells another and they come.”

Advocacy at the top

To increase universal access to immunization, in alignment with its commitment to the Addis Declaration on Immunization, the Government of Uganda, through the Ministry of Health engaged multiple stakeholders, including PATH, to strengthen the technical capacity of its technical officers to generate evidence on the need for increased financing for immunization. This approach has yielded tangible results as the government of Uganda has allocated more money to the immunization program to deliver life-saving vaccines to all babies that need them.

Honorable Dr. Charles Ayume, Chairperson of the Parliamentary Committee on Health noted the importance of advocacy, “We don't take the involvement of CSOs for granted; they kept engaging us in advocacy in priority areas like immunization and they conducted research so that by the time they interfaced with us, the discussion was well-grounded. As Members of the Uganda Parliamentary Forum on Immunization, we are key advocates and decision-makers for policy reform, and it was important for PATH to support us to understand and articulate key issues for immunization policy.”

Honorable Rose Obigah, Woman Member of Parliament for Terego District and a member of the forum on immunization further explains this support: “PATH built the forum’s capacity for advocacy and provided informational and technical knowledge materials which helped us in advocacy in Parliament. We were also able to mobilize communities to take their children for immunization because there were a lot of cultural barriers to immunization. As members of the Uganda Parliamentary Forum on Immunization, we decided to speak about immunization at every forum, community gathering, wedding and funeral.”
“As the Expanded Program for Immunization, one of our key mandates is to provide a platform for coordinating all immunization partners to achieve maximum program effectiveness and efficiency with the resources we have at our disposal. We appreciate PATH’s critical role in driving the EPI program’s advocacy agenda particularly for increased immunization financing. We hope more partners can join this advocacy cause to ensure immunization services are adequately resourced to achieve the desired optimal immunization coverage in the country.”

Dr Rita Atugonza, Deputy Program Manager, Uganda’s EPI Program, Ministry of Health

photo: PATH/Seguya Mutwalib
Translating policy into practice

Policy interventions and increase in financing improved service delivery in districts as these enabled agencies like the National Medical Stores which is responsible for the delivery of commodities and supplies on time to district facilities. This also reduced vaccine stockouts which is a prevalent challenge across Uganda.

Wagota Godfrey, the In-charge at Sira Health Centre III, Butaleja District says, “Client satisfaction with quality immunization service delivery is the reason for high utilization at the health centre. This would not be possible if the facility was not receiving adequate financing. The quarterly Primary Health Care fund non-wage has increased from UGX 1.1 million to UGX 3.7 million, 30% of which is for disease prevention where immunization falls, has facilitated daily immunization static services at the facility and community outreaches.”

Sister Abigail Stella Kisolo, the Assistant District Health Officer, Maternal Newborn and Child Health focal point person for immunization in Mbale District explains the skills they received. “We are able to forecast demand and request the right quantities of vaccines and equipment to prevent stockouts based on the previous consumption. We explain to the In-charges that if they make timely orders the facilities will get supplies in time.”
Supporting the Uganda Parliamentary Forum on Immunization to champion increased financing for traditional vaccines

Following the inauguration of the 11th Parliament, PATH engaged the executive leadership of the UPFI under the 10th Parliament and agreed to support the process of its revitalization. This included transitioning the leadership to a new executive in the 11th Parliament, recruiting and orienting new members, developing a five-year strategic plan and strengthening its capacity to coordinate and engage in new partnerships.

The UPFI has since attracted strategic partnerships to support its cause and signed Memoranda of Understanding with different local and international organizations to support their advocacy efforts.

The biggest milestone has been the official inauguration of the UPFI in the 11th Parliament in September 2022, where the forum’s strategic plan was officially launched, and members committed to advocate for immunization financing and awareness creation among their constituents. As a result there are 80 Members of Parliament signed up as champions for immunization advocacy and funding for traditional vaccines which has been sustained despite the fiscal pressures the country has faced. The immunization forum has since been a cornerstone in parliamentary discussions regarding immunization financing and policy, ensuring the Government of Uganda meets its co-financing obligations for vaccines in the country.

“Investing in immunization has a big return on investment. That is why, as members of the parliamentary forum on immunization, we are committed to speaking out to government to always consider an increment in the annual budget allocation for immunization, to take care of all immunization services required for eligible populations, young or old.”-Honorable Moses Walyomu, Chairperson, Uganda Parliamentary Forum on Immunization
Equipping advocates for maternal and child health advocacy

To improve health care for mothers, children, adolescents and the aged, PATH worked to strengthen the Reproductive, Maternal, Neonatal, Child, Adolescent, Aging Health and Nutrition (RMNCAH+N) member organizations’ internal operations, financial and accountability systems to build credibility, attract membership and funding for advocacy. It empowered and equipped the members to advocate with evidence, dialogue confidently with decision makers, and deliver better health services.

Strong governance, confidence and evidence-building to engage decision-makers for accountability

At health facilities, children below five years disproportionately contribute to 44% of facility admissions despite being only 17% of the population (Uganda GFF Investment Case 2022-2027). It is not uncommon to see mothers lining up for services only to be told that there are no medicines. Many pregnant women do not attend antenatal care sessions throughout their entire pregnancy and do not deliver at health facilities due to lack of information, inability to afford key requirements and transportation to the facility. Facilities often lack critical health services for newborns, differentiated services for adolescents, and mothers, and in some locations the lower health facilities are not equipped to provide sufficient care.

Jackie Katana, the Executive Director, InPact, Emily Katarikawe

Photo: PATH/Seguya Mutwalib
Director and founder of Faith for Family Health Initiative, and the Chairperson of the Child Health Forum, under the RMNCAAH+N CSO platform that focuses on policy and programming, recalls the ad hoc approach with which the platform used to work.

“We were aware of advocacy issues and passionate about them but every member in the RMNCAAH+N CSO platform used to ‘preach’ their own message without providing any evidence. We had little success because we did not speak with one voice and we were fighting decision-makers through activism rather than influencing them through advocacy. We were not coordinated as members and we did not have strong governance systems.”

PATH began its partnership with the forum by conducting capacity assessments to support the CSOs to strengthen internal policies and governance systems, improve financial accountability and build strong monitoring and evaluation systems. By training the platform which focuses on PATH’s 10-part advocacy curriculum, CSOs are now able to collectively identify advocacy issues, generate evidence and engage decision-makers and influencers with cohesive and unified advocacy messaging.

**Equipped with tools for policy analysis and advocacy**

Jackie attributes the success of the platform to the integrated support received from PATH. “As a coalition, PATH supported us with tools and strategies to comprehensively review the first RMNCAAH+N Sharpened Plan (2016-2021) and articulate key modifications required to ensure the new plan (2022-2026), can reduce maternal, child, newborn and adolescent deaths by

“20 districts supported to generate evidence to allocate resources specifically to reproductive health.”

"[Uganda Global Financing Facility Investment Case 2022-2027]"
prioritizing support to districts with the highest burden. Because of this guidance and mentorship, we are now able to track accountability regularly to see where resources are allocated and how they are utilized. We have been able to influence more than 20 districts using evidence to allocate resources specifically to maternal health or family planning in their budgets. Districts can now show you in their work plans the finances that will go to family planning, and further broken down into how much is allocated to a maternal health budget line.”

Today, the RMNCAAH+N platform which initially had less than 20 members has attracted more than 180 members including national and international CSOs, individuals, research institutions, academia, and professional bodies advocating collectively. PATH trained platform members in the implementation and monitoring of service delivery including the Global Financing Facility at national and sub-national levels to ensure improvement of RMNCAAH+N services.

Dr. Jesca Nsungwa, Commissioner for Maternal Newborn and Child Health credits PATH and its partners for supporting advocacy prioritizing financing and building political will for RMNCAAH+N.

“PATH and CSOs reviewed the RMNCAAH+N Sharpened Plan to support us to achieve the five strategic goals: focusing on districts with the highest maternal and child mortality, access for high-burden populations, scaling up evidence-based interventions, using a multi-sectoral approach, and strengthening mutual accountability for RMNCAAH+N population health level outcomes. We want the implementation of the plan to reach as many women and children as possible. We want pregnant mothers to deliver in the facility but most importantly, we want to make sure that no mother or baby dies during deliver.”
Franklin Muhindu, Executive Director, Busi Island Health Cluster project which works with island communities has seen firsthand the transformation of his organization as a result of the capacity building provided by PATH.

“Busi island has a population of over 20,000 people, mostly engaged in fishing. We used the skills we got from PATH’s training sessions services to advocate for improved RMNAACH+N in a holistic manner. We were able to implement a project focused on sexual reproductive health, maternal and child health, child protection and livelihood, using our family model where the family is at the center of our advocacy.”

Peter Eceru, Advocacy Coordinator, Center for Health, Human Rights and Development

The Busoga Health Forum, a regional community of health professionals in Eastern Uganda, was only a few months old when it responded to a call for sub-grantees from PATH. Dorothy Akongo, the Research Advocacy Manager, highlights the benefits of the engagement.

“We are a member organization of RMNAACH+N. We were trained in budget advocacy for health specifically in increasing funding for maternal and child health. The training on budget analysis was a critical skill for policy analysis. It was also important to build on our best practices and document these so that others can learn from them.” - Peter Eceru

“From the time we got the grant from PATH, we have attracted so many significant partners including Uganda Health Activity, a national USAID-funded project and the Ministry of Health to boost our continuous medical education program and all of this is because of the exposure we got from PATH. These are key milestones for us.”
Supporting the policy framework for safe medical oxygen

Safe medical oxygen is considered by the World Health Organisation as one of the key essential medicines required for the treatment of hypoxemia. Yet, in low-resource settings, systemic issues hamper the availability and access to this life-saving intervention. PATH brings its experience and expertise to partner with national governments to address these challenges.

Advancing awareness, access and availability of safe medical oxygen

Mukasa Peter (not real name) had just returned from a trip during the COVID-19 pandemic when he was informed that his uncle was unwell, and was admitted at a regional referral hospital for critical care. A day later, he was informed that his uncle had passed away. His cousin narrated how the hospital had struggled to find an oxygen cylinder to support her father but supplies had run out. Without appropriate respiratory care, Peter’s cousin had watched her father suffer and eventually die in her arms. As in other countries, in Uganda, the COVID-19 pandemic had stretched the healthcare system and oxygen supplies had stocked out even in the large regional referral hospitals.

In Uganda, the government provides access to safe oxygen by increasing manufacturing...
capacity and the installation of oxygen plants at all Regional and National Referral Hospitals. However, Uganda like other low-resourced countries, still lacks capacity to provide sufficient safe oxygen and has inadequate supplies and human resource capacity to meet the country’s needs.

**PATH support for scaling up medical oxygen**

Since 2017, PATH has been a strong partner of the Ministry of Health supporting advocacy efforts for the development, approval and implementation of the National Medical Oxygen Scale-up Plan (2018-2022). Specifically, PATH collaborated with the Ministry of Health and partners to organize consultative workshops with districts and national level stakeholders, to draft the plan and secure their buy-in for effective implementation. It was the first medical oxygen scale-up for Uganda. Once the scale-up plan was officially launched for implementation, PATH maintained the salience of the issue of medical oxygen on the national agenda, using media as a platform for hosting regular conversations on medical oxygen with members of parliament, district leaders and the Ministry of Health. PATH organized media tours at sub-national level where journalists had firsthand experience in the delivery of medical oxygen to patients in health facilities. The tours highlighted challenges that required the attention of key decision makers at

"With a strong investment case of the implementation plan that requires up to US $ 246.34M over the period of 5 years, this is where we expect that partners like PATH can continue supporting the Ministry of Health's advocacy efforts to raise this money from domestic and external sources.”

Dr. Ronny Bahatungire, Acting Commissioner, Clinical Services, Ministry of Health

Photo: PATH/Seguya Mutwalib

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Our contribution to the national COVID-19 pandemic response

As countries across the world struggled to save their populations from COVID-19 fatalities, the scramble for available COVID-19 vaccine stocks became inevitable, with high income countries paying upfront for stockpiles, while low and middle-income countries grappled with the challenges of achieving vaccine coverage with limited resources to curb mortality. PATH responded with an integrated package of interventions.

Supporting the government of Uganda to step up a more effective emergency response to the COVID-19 pandemic

As vaccines started becoming available in low income countries including Uganda, it became necessary for the Government of Uganda with guidance from WHO to develop a National Vaccine Deployment Plan (NVPD) that would prioritize distributing vaccines to the most-at-risk populations such as the elderly, the health workers, teachers, and people with compromised immunity as a result of co-morbidities. PATH joined other Ministry of Health partners to support the process of developing the NVPD, gaining membership on the various sub-committees of the National Coordination Committee for COVID-19 vaccine introduction. PATH representatives served on sub-committees for vaccine cold chain and logistics, demand generation, risk communication.
and regulation. Under the demand generation and risk communications sub-committee, PATH supported the development of the Advocacy and Demand Generation Handbook that contained key messages and Frequently Asked Questions on the COVID-19 vaccine.

The facts provided in the handbook built confidence among the population and prepared the ground for the deployment and scale-up of the COVID-19 vaccine in Uganda. This handbook became an essential resource during direct engagements with decision makers, influencers and opinion leaders on COVID-19 vaccination. It was used by Members of Parliament, cultural leaders, members of professional associations including medical professionals, lawyers and social behavioral change experts, the media, and district leaders.
The MOH/EPI has engaged in various Gavi and Vaccine Alliance, application processes which have focused on the alliance’s strategic investment areas for the Gavi 5.0 strategy. In the demand generation pillar, PATH supported the conceptualization and technical writing for Gavi grants such as the COVID-19 Delivery Support and the Full Portfolio Planning that combined the Equity Accelerator Fund, Health Systems Strengthening and Targeted Country Assistance.

It was important to prioritize investment areas such as civil society engagement and gender integration in immunization based on Gavi’s guidance. This included PATH providing technical support in describing the most feasible and impactful mechanism of engaging civil society organizations in the implementation of Gavi-funded grants as well as integrating gender as a cross-cutting priority area.

Being a new approach, PATH will support the MOH/EPI to document lessons from this CSO engagement approach to inform strategic decisions at Gavi in the next investment strategy.

“Partnerships with the civil society organizations helped us develop a joint advocacy agenda so that it ceased to be a PATH agenda or an institutional agenda, but a national agenda which outlives the project because it affects every Ugandan. Building strong partnerships underlies every advocacy success.”

Esther Nasike, Advocacy Manager, Global Immunization and MNCH Advocacy Lead PATH

Photo: PATH/ Seguya Mutwalibu
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