The SRHR Africa Trust (SAT) in partnership with UNAIDS is putting a youth and community-led agenda high on the priority list for all countries who committed to the United Nations (UN) Political Declaration on Universal Health Coverage.

Lack of Engagement in Universal Health Coverage

The SRHR Africa Trust (SAT) in partnership with UNAIDS is putting a youth and community-led agenda high on the priority list for all countries who committed to the United Nations (UN) Political Declaration on Universal Health Coverage.
HOW ARE WE DOING THIS?
Communities are the cornerstone of achieving and implementing UHC. The project spans various phases. Together with communities we are still in the process of crafting an inclusive agenda, a powerful agenda of SRHR and HIV integration into UHC. The first phase includes bringing civil society representatives including communities, youth and key populations together. We present preliminary findings from our initial three consultations in Eastern and Southern Africa (ESA), specifically Malawi, Uganda and Zambia. The project will continue to engage communities far and wide across the region and will include online consultations in 2020.

COMMUNITIES ARE CLEAR

Our systems are broken. - Youth Participant, Uganda

Continued tensions between LGBTI/ Key populations. If we are criminalised how can we access health? - Key Population Representative, Uganda

Healthcare workers are authoritarian gate-keepers, denying us access to sexual and reproductive health services. - Youth Participant Zambia

COMMUNITIES DELIVER

Drawing on the AIDS response, the evidence is clear, communities are central to achieving UHC.

- Participation in decision-making and monitoring mechanisms, including monitoring and development enforcement and impact of laws.
- Securing accountability and fulfilling a watchdog role.
- Advocacy campaigning for health issues.
- Advocacy and campaigning on broader human rights, including law reform.
- Campaigning across society.

- Prevention, including HIV.
- Confidential and voluntary testing and counselling, particularly for HIV.
- Treatment, including HIV.
- Demand creation and service uptake.
- Care and support.
- Rights and legal services.
- Talk shifting and talk sharing.
- Training and sensitisation of service providers, including healthcare personnel, lawmakers and law enforcement officials.

- Evaluation of programmes and services.
- Research on human rights, stigma and discrimination.
- Improving “know your epidemic and “know your response.”
- Research on new treatment and prevention technologies.
- Research to reach key populations with community and rights-based policies and programmes.

COMMUNITY SUPPORT TO UNIVERSAL HEALTH COVERAGE

ADVOCACY CAMPAIGNING & PARTICIPATION IN ACCOUNTABILITY

COMMUNITY-BASED SERVICE DELIVERY

PARTICIPATORY-BASED RESEARCH

COMMUNITY FINANCING

On-granting (forward granting).
Resource mobilisation.
Community financing initiatives.
<table>
<thead>
<tr>
<th>Country</th>
<th>Progress</th>
<th>Community Voices - UHC Experiences</th>
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</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>UHC lobbying and discussions have begun between governments and stakeholders</td>
<td>Poor road infrastructure and lack of transport to facilities</td>
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<td>Services are supposed to be free but we are forced to pay at facilities – high user fees</td>
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<td></td>
<td></td>
<td>Out of pocket payments extend to costs to access care e.g. transport and user fees</td>
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<tr>
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<td></td>
<td>Healthcare workers continue to discriminate against us</td>
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<tr>
<td></td>
<td></td>
<td>Experience drug and equipment shortages</td>
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<tr>
<td>Uganda</td>
<td>National Health Insurance Bill (Motion) &amp; UHC Roadmap 2019 - 2030</td>
<td>Services are supposed to be free but at the point of contact patients are still forced to pay</td>
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<td></td>
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<td>There are healthcare facilities but they are inaccessible</td>
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<td></td>
<td></td>
<td>Private sector facilities remain the point of care coupled with high costs for services and medicines</td>
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<td></td>
<td></td>
<td>Young females prefer female healthcare professionals</td>
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<tr>
<td></td>
<td></td>
<td>Visit facilities for curative care never for prevention, all facilities have in stock is Panado</td>
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<tr>
<td></td>
<td></td>
<td>(Paracetamol) versus providing sexual and reproductive health services</td>
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<tr>
<td>Zambia</td>
<td>Piloting National Health Insurance &amp; Debating NHI in parliament</td>
<td>Traditional healers are the first point of care</td>
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<td>Limited choice of contraceptives</td>
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<td></td>
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<td>Transport challenges and long time in queues are barriers</td>
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<tr>
<td></td>
<td></td>
<td>Healthcare workers remain gate-keepers who deny services to key populations and youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of facilities or access care when required not for prevention</td>
</tr>
</tbody>
</table>

1. Point of care matters (private / traditional) including affordability
2. Transport influences costs and access
3. Unavailability of drugs and SRH services
4. Health seeking behaviour is centred on curative versus preventive
5. Healthcare professionals continue to be discriminatory
6. Out-of-pocket payments remain high
DEVELOPING A COMMUNITY CALL TO ACTION
We are interested in collaborating, understanding and listening to communities;

- Affordability
- Availability of services
- Accessibility, including experiences and barriers
- Financing
- Benefits package including SRHR and HIV
- Inclusion, especially reaching communities, youth and key populations
- Transparency and accountability for UHC
- Bridging the gap between policies and implementation
- Building leadership for UHC

Join our consultations online and offline, and keep an eye out for the next phases of the project.
Get in touch at communities4uhc@satregional.org

Country Partner

www.satregional.org  SATregional  @SRHRAfricaTrust