



ACTION GROUP FOR HEALTH , HUMAN RIGHTS AND HIV/AIDS

HEALTH ADVOCATE

The voice of Ugandan Health Professionals in realizing the right to health

Did you know that

..... Projections made for the realization of the Uganda National Minimum Health Care Package (UNMHCP) for the financial year 2007/8, including the current increase in health budget, indicate a deficit of 217 billion Uganda Shillings, which is 36% of the 603 billion shillings needed to cover the UNMHCP.

A WORD FROM THE EXECUTIVE DIRECTOR



Nelson Musoba, the Executive Director, AGHA

Dear esteemed members and partners, it's always gratifying to bring you yet another edition of the AGHA *Health Advocate* Newsletter and to know that you dedicate time to

read it and provide feedback to us.

Over the years, AGHA has continuously updated you on its activities, challenges and progress, and we would like to know how the rest of the organizations and institutions you are working with are progressing.

In this issue, AGHA is informing you about our stock out survey results and updating you on the progress in shar-

ing that information. The final report will be launched in the next quarter and AGHA is preparing policy briefs that will highlight the organizations suggestions in reforming the health sector.

The students groups are is growing in strength, and in this issue, we give you a highlight on what is happening in Mbarara University of Science and Technology (MUST) SEHC chapter.

AGHA's health financing campaign is on track, with other stakeholders being brought on board for a stronger advocacy voice

The formation of Voices for Health Rights' coalition is yet another landmark, that highlights more on the need for concerted efforts to ensure that the realization of the right to health is achieved in Uganda. AGHA has spearheaded this process that is intended to advocate for the much needed reforms and improvement in Ugandan health sector.

Inside this issue:

Health Financing Advocacy	2
IFHRO Africa Focal Point	3
Dissemination of Drug Stock Out Survey Findings	4
Highlight of Findings of Drug Stock Out Survey	4
Launch—SEHC Mbarara	5
Student Advocacy Training	5
Voices for Health Rights (VHR)	6
Global Fund proposal solicitation	6
Upcoming Events	7
AGHA in the Media	8

HEALTH FINANCING ADVOCACY STAKEHOLDERS MEETING

By Pamela Kamujuni

On the 11th of April, AGHA organized a health financing advocacy development workshop with the aim of consulting immediate stakeholders on the most effective advocacy strategy to monitor and attain progressive increases in

health financing. The specific objectives of this workshop were to review issues emerging from the Health Economic Forum organized by AGHA in July 2006; to create a platform for stakeholders for health professionals to share their experiences and inform the process of

developing the advocacy strategy; and to facilitate the development of an advocacy strategy to address the low levels of health funding especially at the grassroots level.

The workshop was attended by 25 members representing MoH, district health workers
(continued on page 2)

HEALTH FINANCING MEETING CONTINUED:

at all levels (DHOs, incharges at Health Sub Districts, Health Center IIIs & IIs), and other civil society organizations. The outputs resulting from this Advocacy strategy workshop in the short run included identification of key policy issues for immediate advocacy action, analysis of the processes of decision making in regard to health financing in Uganda and an advocacy strategy for health financing.

The presenters and facilitator were a unique mix of health professionals both in the private and public sector. Dr. Francis Runumi the Commissioner, Planning in the Ministry of Health gave a presentation on the current issues surrounding health financing, planning and budgeting as per the Health Sector Strategic plan II (HSSP II).

Dr. Nelson Musoba, the Executive Director, AGHA presented a case study on the Global Fund performance bottlenecks and the lessons learned. His presentation clearly spelled out some of the challenges of the Global Fund and remedies instituted to improve on the performance of the Fund. This case study was meant to give participants an update on issues surrounding the Global Fund at the time, while also emphasizing the gaps in health financing in Uganda.

The entire workshop was facilitated by Ms. Christina Ntulo, the Africa Director for Basic Needs UK. She was selected on the basis of her strong advocacy skills and knowledge of the health system in Uganda.



Dr. Nelson Musoba, the AGHA Executive Director, addresses the participants.



Participants during a group discussion

In view of the issues raised in the presentations and workshop, the key advocacy issue identified was poor health sector management and resource accountability. Therefore the advocacy strategy was geared towards improving health sector management and resource accountability with emphasis on management of human resources, financial resources and infrastructure. Furthermore in strengthening meaningful and active participation in ensuring public accountability, the core advocacy message will be to ensure that:

- The public has access to policies, guidelines and information regarding the health system
- There is transparency in all processes such as planning, monitoring and implementation of health service delivery and participation of all stakeholders and rights holders in all decision making processes.
- Feedback from the top to bottom and vice versa in the health system is supervised and strengthened to ensure smooth flow of information and oneness of the health sector

A detailed advocacy strategy was developed and fine tuned by AGHA's Health Economics Task Force two weeks after the workshop. This advocacy strategy included sections on advocacy issues, stakeholders (sub-group), core messages, advocacy techniques, advocacy materials, and M&E indicators. It is hoped that the strategy will be implemented by the different stakeholders within their resources. AGHA is following up to help mobilize this group to realize this goal.



The Commissioner, Planning, Ministry of Health sensitizing the participants about the health planning process under the MoH

ESTABLISHMENT OF IFHHRO REGIONAL FOCAL POINT AT AGHA SECRETARIAT

By Winnie Ngabiirwe

As we informed you earlier, AGHA is hosting the International Health and Human Rights Organizations (IFHHRO) Regional Office.

The office is responsible for strengthening AGHA and IFHHRO's network in the African region of health and human rights organizations and professionals, with an aim of involving them in monitoring the Right to Health.



Ms. Alison Byamukama Ayetoraneire

To coordinate the activities of the project, a recruitment process was undertaken and a successful candidate, Ms. Alison Byamukama Ayetoraneire, has already assumed office.

The Regional Focal Point Office (RFPO) is aiming at strengthening IFHHRO's ties with health professionals in the region through disseminating information on promoting health and human rights issues in the region among health professionals, government officials, and others. AGHA will also, in cooperation with IFHHRO, organize regional workshops or training sessions on health and human rights for health professionals.

This project hopes to facilitate the much needed cooperation amongst NGOs in the region in monitoring the right to health in Africa. Organizations are encouraged to join the federation to contribute to the health

and human rights cause. Membership is open to organizations involved in health and human rights work with a particular focus on health professionals' engagement.

Member organizations should:

- engage health professionals in human rights work;
- have as a primary purpose the advancement of health and human rights;
- share the goals and principles of IFHHRO and be willing to actively participate in their implementation;
- participate regularly in IFHHRO activities;
- involve IFHHRO in its activities where and when appropriate;
- add their names to the identity of IFHHRO, including on their websites;
- be demonstrably current and operational;
- satisfy a basic level of participatory decision-making;
- not have any political party affiliation and be free from any commercial or any other conflicting interest.

If your organization is interested in joining the IFHHRO network, please contact the Regional Focal Point Person, Ms. Alison Byamukama at AGHA by post or email addresses provided at the back of this newsletter. You will receive more information about IFHHRO, the membership criteria, and the application procedure.

EVOLUTION OF THE RIGHT TO HEALTH

The preamble of the WHO Constitution, adopted in 1946, proclaims that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being" (Constitution of the World Health Organization, adopted 22 July 1946 and entered into force 7 April 1948). Since then, the right to health has been recognized in a wide range of international and regional human rights instruments:

- Universal Declaration of Human Rights, 10 December 1948: article 25(1);
- ICESCR: article 12
- International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), of 21 December 1965, entered into force 4 January 1969: article 5(e)(iv);
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), of 18 December 1979, entered into force 3 September 1981: articles 11(1)(f), 12 and 14(2)(b);
- Convention on the Rights of the Child (CRC), of 20 November 1989, entered into force 2 September 1990: article 24;
- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICPMW), adopted and opened for signature and ratification by the UN General Assembly Resolution 45/158 of 18 December 1990, entered into force 1st July 2003: articles 28, 43(e) and 45;
- European Social Charter, adopted by the Council of Europe on 18 October 1961 and entered into force 26 February 1965, and European Social Charter (Revised), adopted by the Council of Europe on 3 May 1996 and entered into force 1 July 1999:
- articles 11 and 13; African Charter on Human and Peoples' Rights, adopted 27 June 1981 and entered into force 21 October 1986, article 16;
- Additional Protocol to American Convention on Human Rights in the Area of Economic, Social and Cultural Rights "Protocol of San Salvador", adopted 17 November 1988 and entered into force 16 November 1999: article 10), as well as in the outcome documents of international conferences organized under the auspices of the UN, and in domestic law (United Nations Special Rapporteur, 2003a).

The central recognitions of the right to health in international human rights law are found in the ICESCR (article 12) ; ICERD (article 5.e.iv); the CEDAW (article 12) and CRC (article 24).

To be continued in the next issue

AGHA DISSEMINATES DRUG STOCK OUT SURVEY FINDINGS

By Winnie Ngabiirwe

On July 5th 2007, AGHA launched the findings of the Drug Stock-Out study in Mbarara district with over 40 participants from Mbarara, Isingiro, Lyantonde and Ibanda districts. The composition of the meeting was made up of heads of health centres where the study took place, DDHS of the survey districts, research assistants, medical students (SEHC) from, representatives from TASO, AGHA staff and survey consultant.

Objectives of the launch were:

1. To inform the stake holders of the findings of the survey
2. To discuss the findings with the participants
3. To involve participants in identifying the solutions to the prob-

lems identified in the research findings

4. Together with districts, to identify and forge way forward by identifying and planning advocacy actions and intervention strategies that AGHA can take on

The study findings were presented to the participants, followed by an open and participatory discussion that made it possible people to share their opinions, thoughts and suggestions on what needs to be done in order to reverse the situation of drug stock outs.

Some of the problems that were identified as contributing to stock outs ranged from health centre management and operation to issues of the national drug procurement and distribution processes.

Participants agreed that as much as these new problems are facing the al-

ready identified problems, the participants themselves have the potential to contribute to the process that can bring an end to some of the problems. By taking a proactive approach to addressing these issues rather than being reactive to the problems, the participants agreed that they could make some positive changes. The leaders and in charges could ensure that they fulfill their duties and obligations and then point out loop holes where they are unable to handle a given situation.

At the national level, some of the challenges uncovered by this survey include the lack of funds for the health system, a weak drug purchase and distribution system, and the existence of expired drugs. The final report from this study will be released in September.

KEY FINDINGS OF THE DRUG STOCK OUT SURVEY

By Winnie Ngabiirwe

Some highlights of the findings from the recently completed Drug Stock Out Survey include:

Stock outs of antimalarials: Although CoArtem is the first line treatment for malaria and supposed to be available in all health facilities at all times as mandated by the Ministry of Health, this study found it was often unavailable in health clinics in all three districts. For instance, in Ibanda, the percentage of units with CoArtem ranged from 70-90% over the course of 5 visits. In Isingiro, all clinics had CoArtem at 3 of the 6 data collection visits; the other 3 visits found availability rates ranging between 60-90%.

The availability rates were even lower for quinine in all districts.

Availability of antibiotics: The study found a lack of antibiotics in health centers in all three districts. At the first two data collection visits, only between 20 and 40% of clinics in Ibanda had access to any of the 4 major antibiotics traced by this study. In Isingiro district, access to any of the four antibiotics traced differed significantly. Access to antibiotics ranges from less than 20% to 85%, but never reached 100% coverage for any drug during the survey time in Isingiro.

Human Resources. The new districts are grossly understaffed, which contributes to the medicines stock challenge by creating gaps in skills and coverage which can effect quantifica-

tion, requisition, storage, management and utilization of the medicines. Though the number of health workers in the country is low generally, the new districts are severely understaffed. This study found that health centre IIIs are particularly understaffed with as low as 37% staffing compared to the MoH goal of 75%. These health centres thus lack the minimum required as established by the HHSSP.

Drug Quantification and Forecasting

Health facility in-charges do not always have enough training or capacity to quantify medicines properly, which can lead to stock outs.

HUMAN RIGHTS AND ADVOCACY TRAINING -MBARARA STUDENTS' CHAPTER

By Winnie Ngabiirwe

On 29th April 2007, AGHA conducted a one day advocacy training for the SEHC Mbarara chapter. The training, which was attended by over 30 students from the facilities of Medicine, Information Technology, and Education among others, was held at Mbarara University of Science and Technology (MUST). This was the first training to be conducted at MUST, as the SEHC chapter is still new. The training followed several student activities that had taken place days before, including class visits with talks on AGHA and SEHC MUST launch, visiting the pediatric ward of Mbarara Regional Hospital and several meetings by the students.



SEHC members discussing advocacy steps

At the training, students realized that health professionals and students cannot sit and wait for other people to come and address the issues that concerns them most. Human rights are for all human beings regardless of profession or cadre, and health is the main concern- or else there is no human rights to talk about. Health professionals can have their human rights abused, but can also abuse other peoples rights while dispensing medical care. Health professionals/ students need to know about health and human rights in order for them to demand what is due to them, and also to ensure that their patients' rights are respected.

Health and human rights knowledge coupled with good practice is key to a healthy population. Understanding health and human rights will enable students to advocate for positive changes in the health sector.

AGHA LAUNCHES SEHC MBARARA CHAPTER

By Diana Nekesa

SEHC – MUST chapter was officially launched that evening for during the annual medical dinner that had brought together medical students ranging from year one to year five at the university. In attendance were also medical students from Kampala International University (KIU) and this provided a good opportunity for them to learn about AGHA and SEHC. Hopefully, AGHA will expand to KIU and establish a SEHC chapter there as well.



SEHC Mbarara share a light moment

Dr. Placid Mihayo, an AGHA member and the Medical Superintendent of Mbarara Regional Hospital encouraged the students to actively participate in AGHA activities. He emphasized the role of health professionals and students in health and human rights. The guest of honor, Dr. Kenya Mugisha- Commissioner for Community Health, Ministry of Health, expressed his gratitude to AGHA for establishing a students' chapter in Mbarara University. Being a member of AGHA, he articulated the importance of health professionals' involvement in health and human rights advocacy for better service delivery. He congratulated the Makerere chapter on successful procurement of HEP B vaccine and urged them to work with Mbarara University for strong and successful advocacy.

VOICES FOR HEALTH RIGHTS (VHR) ESTABLISHED

By Pamela Kamujuni

In June 2007, Voice for Health Rights (VHR) a coalition of organizations promoting health from a Human Rights Based Approach was born. VHR, of which AGHA is a member together with 11 other organizations, works towards improved health service delivery with a vision of ensuring that all people of Uganda attain and enjoy the highest attainable standard of health.

VHR's mission is to ensure the attainment of the right to health for all through capacity building, advocacy, monitoring and accountability for quality health care service provision. The objectives of their work include ensuring a rights-based approach to health care for all Ugandans, advocating for health policy and legislation that upholds the right to health, strengthening skills and competencies of service providers and consumers for the right to health and identifying gaps and strengths in health service delivery in Uganda through research. By creating an avenue for a unified CSO voice to be heard on issues of national concern, the specific needs of VHR's individual member constituencies will be met.

From the onset, VHR members agreed to address specific thematic areas such as policy advocacy, community participation, public accountability, non-discrimination/ equal opportunities in health service delivery, community capacity building, research, neglected diseases, health financing, and patents and public health

So far, VHR's unique strategy includes:

- **Representation on the Health Policy Advisory Committee (HPAC)**, which is the overall supervisory body responsible for ensuring that the Health Sector Strategic Plan II is implemented consistent with the PEAP and MDGs. VHR's representation on the HPAC will enable CSOs to freely and meaningfully participate in critical health policy decision making processes.
- **A platform for common voice** for its members to articulate their health concerns, and as a loud mouth piece for health rights advocates to articulate crosscutting issues.
- **CSO capacity building** through creating opportunities for its members to exchange ideas and share experiences in health rights advocacy i.e. improving the skills and capacity of its members and ultimately their constituencies.
- **Research and documentation** by serving as a clearing house for health related information, Researches conducted on health service delivery in Uganda, MoH reports e.g. HSSP Report and Health policies. VHR members will be able to easily access literature to inform their advocacy actions.
- **Monitoring of health service delivery** by ensuring that government officials are accountable (Financially and management) and creating a center for public to report their health related grievances- self policing.

AGHA MONITORS THE GLOBAL FUND PROPOSAL SOLICITATION

By Pamela Kamujuni

In the period under review, during the Monthly CSO Inter-Constituency Committee (CICC) harmonization meetings, AGHA through CICC participated in the monitoring of the proposal solicitation process for the Global Fund Round 7. The CICC has actively engaged in the country proposal evaluation and drafting activities. From these activities, a number of lessons have been learned which the CICC will base on to inform future solici-

tations for funding CSOs.

In June, Uganda AIDS Commission (Partnership Committee) and Ministry of Health (HPAC) called for submission of concept proposals for Global Fund Round 7 addressing HIV&AIDS, Malaria and TB.

Upon receipt, the CICC selected CSO representatives to participate in the review of the submitted concepts and drafting the country proposals.

CSO representatives also participated in the Joint PC and HPAC CCM meeting which discussed and approved the submission of the country proposal and accordingly, CSO representatives endorsed the submission.

AGHA is glad to be apart of these processes that promote effective and efficient utilization of health sector resources.

BECOME A MEMBER

Join your fellow health professionals in the fight for health, human rights, and social justice in HIV/AIDS treatment and prevention as part of the Uganda Health Professionals AIDS Advocacy Network! Enjoy free training seminars, continuing medical education sessions, networking activities and events in your community, and newsletters keeping you up-to date on policies, grants and research developments.

If you would like to join this advocacy effort, or for more information on our trainings and seminars, contact AGHA at 041 4348 491 or agha@utlonline.co.ug

HOW TO CONTRIBUTE

To contribute ideas, articles, and upcoming event submissions or if you have any questions or concerns about the AIDS Advocate newsletter, please call, email or write the AGHA office:

Mailing Address: P.O. Box 24667 Kampala
Office Location: Kamwokya, Plot 69 Kanjokya Street
Phone: 041 348 491
Email: agha@utlonline.co.ug

Don't forget to check out the Health Professionals Advocacy Network website, where you can get current updates on events and actions:

www.phrusa.org/campaigns/aids/Uganda

UPCOMING EVENTS

DRUG STOCK OUT SURVEY REPORT DISSEMINATION

The full report from AGHA's Drug Stock Out Survey will be launched in September. The launch and the report are expected to attract key policy makers and legislators at various levels. The event will highlight the key policy issues that need to be addressed if the problem of stock outs is to be solved.

UPCOMING SEHC ACTIVITIES

MUST SEHC is planning to hold a Week of Action at Mbarara University. This is expected to take place early next semester.

Gulu University is also planning to hold their first Week of Action at the end of September or early October.

Mulago Nursing School will launch a SEHC chapter and conduct an advocacy training in the new semester.

The SEHC Makerere Medical School chapter will be holding their leadership handover dinner on September 22nd. This event will recognize the

sponsors who helped make the Hepatitis B vaccination campaign a success and will recognize the outgoing leadership of the chapter.

COMMUNITY OUTREACH AND MOBILISATION

Following the new Institutional arrangements of the Global Fund to fight Malaria, TB and HIV/AIDS, AGHA will mobilize civil society to access the effectiveness and efficiency of the new arrangements in a bid to abet transparency and accountability in the health sector.

HRBA TRAINING FOR VHR

Out of realization of the need for concerted effort to front issues of health and human rights at the national level, AGHA is spearheading the formation of a health and human rights coalition. During this quarter, AGHA will organize members to formalize the coalition.

PARLIAMENTARY AWARENESS CAMPAIGN

In a bid to strengthen health sector accountability, AGHA is organizing a parliamentary awareness Televi-

sion talk show with the aim of sensitizing parliamentarians about the new Long Term Institutional Arrangements (LTIA) geared towards managing the project grants such as the Global Fund grants and their role in ensuring health sector accountability.

GLOBAL HEALTH WORKFORCE ALLIANCE FORUM

In March of 2008, the World Health Organization's Global Health Workforce Alliance will be holding its first forum in Kampala. AGHA is working with health professionals to coordinate their participation in this forum and bring attention to the issues facing health workers in Uganda.

VOICES FOR HEALTH RIGHTS

Voices FOR Health Rights (VHR), a health rights coalition of which AGHA is a member will continue to respond to new and emerging issues in the next quarter.



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campaigns/ aids/Uganda](http://www.phrusa.org/campaigns/aids/Uganda)

AGHA is a Non Governmental Organization (NGO) whose mission is to **raise awareness of all health care providers and communities they serve in Uganda about human rights aspects in health** with emphasis on **HIV/AIDS**. AGHA brings together doctors, nurses, lawyers, social scientists and other scholars and professionals interested in promoting human rights in health. Formed in 2003, AGHA Uganda has reached out to more than 600 health professionals and human rights activists through workshops, meetings, seminars and trainings. The organization operates in the four districts of Tororo, Mbarara Rakai and Kampala where the secretariat is based

AGHA's Vision: A world of total justice devoid of discrimination based on color, ethnicity, religion or any other affiliation and free of HIV/AIDS and its disastrous effects.

AGHA's Objectives:

- Educating health providers and communities on the relationship between health and human rights.
- Advocacy and media publicity for observation of human rights to reduce stigma, discrimination and denial in dealing with people infected/affected by HIV/AIDS.
- Conducting research in aspects of human rights as they relate to and impact on health.
- Networking and collaborating with other human rights organizations for comprehensive service.

AGHA's strength lies in the fast and steady growing commitment of health care professionals that are determined to bring about the human rights approach in health services provision. Working together with Health and Human Rights advocacy networks in rural districts of Uganda, AGHA aims at addressing the everyday challenges that are facing the health care sector, as identifies uniquely by every setting.

AGHA in the Media— Arousing public interest in health financing

On Wednesday, June 20, 2007, AGHA facilitated a television talk show on Uganda's national television station- Uganda Broadcasting Council (UBC) - with the aim of arousing public interest in health financing and empowering the public to participate in public health financing. This talk show educated the public about Global Fund processes and what has been put in place to avoid mismanagement of these resources, while also providing the public with an opportunity to provide feedback on the Global Fund. The show also created dialogue between the public and key players who are implementing the LTIA and preparing the country round 7 proposal. Lastly, it gave the MoH an opportunity to restore public confidence on the government commitment to improve on health sector accountability and transparency.

The panel of discussants was made up of Dr. Francis Runumi, Commissioner – Planning in the MoH, Rev. Sam Ruteikara, the chairman CSO Inter-Constituency Committee (CICC) who is also the CSO representative on the Partnership Committee at the Uganda Aids Commission, the AGHA Programme Coordinator for Advocacy, and the Television Programme Host. The discussion centered on health sector accountability and transparency; and more specifically on the Global Fund. It brought out the critical need for the government and MoH in particular to ensure closer supervision of its officials that are directly involved in the planning and disbursement of funds but more so the need to ensure that a system of feedback to the public is instituted and the public participation in health sector decision making processes is given priority. To lay more emphasis on public concern about the mismanagement of health sector funding that has become rampant in Uganda lately, the host showed video clips of members of the public randomly selected to give their views on the mismanagement of the Global Fund. Many of the people interviewed expressed they lack of confidence and trust for the government and demanded that government shows its commitment to fighting corruption by ensuring that all corrupt government officials are brought to account and justice prevails.

Lastly, this talk show was an opportunity for the public to present its views on the mismanagement of health sector funds and the Global Fund in particular but also an opportunity for government to realize the need to create a mechanism for feedback from and to the public about health service delivery. For AGHA, it was an opportunity to sensitize the public about their role in health financing.