

# UHC ENGAGE







A photograph of two women sitting side-by-side. The woman on the left is wearing a yellow jacket and a black headscarf with blue patterns. She is holding a baby wrapped in a white blanket. The woman on the right is wearing a blue top and a blue headscarf. The background is a plain, light-colored wall. The entire image is framed by a thin orange border.

# OUR MISSION

At PAI, we are motivated by one powerful truth: A woman who is in charge of her reproductive health can change her life and transform her community.

Our mission is to promote universal access to sexual and reproductive health and rights through research, advocacy and innovative partnerships. Achieving this will dramatically improve the health and autonomy of women, reduce poverty and strengthen civil society.

# HOW WE WORK

For over 50 years, PAI has championed policies that enable women to exercise their reproductive rights and eliminate barriers to the services and supplies they need.

In the United States, PAI leads the movement to protect U.S. government investments in family planning. Globally, our success is rooted in our advocacy with a network of civil society partners. We achieve change by simultaneously strengthening the capacities of our partners and by promoting policy and funding solutions that make the delivery of comprehensive sexual and reproductive health care possible. We provide financial and technical support and help bring the voices of women, youth and girls to the forefront of policy processes.

Our model is grounded in:

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- **Locally driven solutions:** We adapt to partner-identified and local needs with capacity-building support, long-term advocacy investments and emergency response funding.
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- **Evidence-based advocacy:** Our partnerships are driven by local knowledge, country-specific strategies and research. Our evidence builds political will by showing that investments in sexual and reproductive health and rights (SRHR) lead to prosperity and a better future for women and communities.
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- **Sustainability:** Our partnerships lay the groundwork for the sustainability of advocacy achievements. We work with partners to translate advocacy into lasting policies and build resilience to political change.
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**\$4.7M IN GRANTS**



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**96 PARTNERS**



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**33 COUNTRIES**

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# UHC INITIATIVE

Universal health coverage (UHC) is gaining momentum at the global and national levels as one of the key health-related sustainable development goals. At the country level, ensuring progress toward UHC will involve major health financing policy and systems reform. As countries introduce health financing reforms centered on nationwide health insurance schemes, policy discussions will dictate whether insurance systems are pro-poor, reach women and girls, include sexual and reproductive health services in benefits packages or pay for certain or all portions of services. They will also determine the primary, secondary or tertiary facilities from which women and girls can access care, as well as how much those providers are paid through a national scheme – which strongly affects quality and rights-based service provision.

With this urgent motivation, PAI has launched a multi-year, evidence-based advocacy initiative to support civil society organizations (CSOs) as they advocate for SRHR as a priority within emerging UHC policies. Using our innovative partnership model, policy analysis and advocacy expertise, we are supporting engagement in national UHC policy processes in six countries (Ethiopia, Ghana, India, Kenya, Uganda and Zambia) where UHC financing reforms are progressing rapidly and work is most urgently needed.

We see an important opportunity to ensure that emerging UHC policies are rights-based; increase the availability, affordability, acceptability and quality of sexual and reproductive health services and commodities; and bolster sustainable domestic financing for SRHR. Additionally, insurance schemes and packages of services must include sexual and reproductive health information and services including family planning, safe abortion and post-abortion care, pregnancy-related services and the prevention and treatment of sexually transmitted infections – and now is the time to advocate for their inclusion. The UHC initiative will support civil society engagement with governments and other key decision-makers through the policymaking process in countries developing new national universal health financing policies.

# THE APPROACH



## ANALYSIS

PAI is conducting policy analysis of national UHC health reforms and working with partners to identify entry points in policy and decision-making processes. Together with partners, PAI is mapping each country's UHC policy landscape, processes, timelines, entry points for CSO engagement with government and opportunities for SRHR advocacy.



## ADVOCACY

In tandem with technical policy analysis, PAI is supporting partners to act on identified national and subnational UHC policy entry points. We do so by providing financial and technical assistance to partners as they develop and implement advocacy strategies to ensure strong SRHR policies and financing in UHC reforms.



## LEARNING EXCHANGE

PAI recognizes advocates in countries introducing UHC health policy reforms lack a platform to share strategies, refine advocacy approaches and leverage collective expertise. To meet this need, PAI plays a convening role, uniting SRHR advocates and facilitating learning, troubleshooting and collaborative strategizing across countries.

## ZAMBIA: SPEARHEADING LONG-TERM CIVIL SOCIETY ENGAGEMENT

In April 2018, the Zambian government passed the National Health Insurance Act. Zambia is now poised to introduce its first national social health insurance scheme toward UHC in 2019. As the government determines the benefits package, lays the infrastructure for the new governing National Health Insurance Authority (NHIA) and plans for implementation, PAI partner, the Centre for Reproductive Health and Education (CRHE), is advancing an advocacy strategy that centers on working closely with the Ministry of Health and NHIA to ensure the creation of a comprehensive benefits package that includes full family planning method choice. To ensure long-term CSO engagement, CRHE seeks to guarantee civil society representation on decision-making subcommittees of the NHIA. Working in coalition, the organization will also monitor implementation of the health insurance scheme and ensure government accountability on increasing SRHR access.

## UGANDA: RESPONDING TO THE CALL

The Ugandan Parliament introduced a bill for a National Health Insurance Scheme (NHIS) in August 2019. Parliamentarians engaged in Uganda's national health financing reform have given initial priority to soliciting civil society feedback and technical assistance on the reform bill and its related processes. Partners in Population and Development Africa Regional Office (PPD-ARO) are responding to parliamentarians' consultation requests and advising on proposed health insurance components and family planning aspects. They are also working with the government to ensure the NHIS bill proposes a benefits package that includes comprehensive family planning methods and services, and that reforms increase women's and girls' access to SRHR. While these are positive developments, misinformation threatens core aspects of the now-public bill. It is uncertain if the existing language and structure will remain as the legislation moves through the parliamentary process. To mitigate this, PPD-ARO has also launched a media engagement strategy to improve the accuracy of reporting on the policy details of the bill as well as the aspects related to family planning.



## **GHANA: LEADING DATA-DRIVEN SOLUTIONS TO FAMILY PLANNING FINANCING**

After failing to originally include family planning in its landmark national health insurance scheme 16 years ago, Ghana is piloting a family planning reimbursement scheme in seven districts to explore covering family planning in a reopened national health insurance benefits package meant to catalyze progress toward UHC.

PAI partner Marie Stopes International Ghana (MSIG) recognized it was insufficient to only ask for family planning to be included in UHC. The details of inclusion matter. With this premise at the heart of its strategy, MSIG is leading advocacy efforts to influence how contraception is best addressed under UHC health financing reforms in terms of the people covered, the package extended and the providers contracted. MSIG is using data from the family planning pilot to inform pending health policy reforms. The organization is also leading evidence-based advocacy efforts to ensure family planning method choice, affordability and quality.

## **ETHIOPIA: MOBILIZING CIVIL SOCIETY NETWORKS TO RESPOND TO UHC REFORMS**

With the historical success of its community-based health insurance model and a commitment to accelerating progress toward achieving UHC by 2035, the Ethiopian government is weighing introducing expanded community-based health insurance and/or social health insurance schemes. Though the government has yet to introduce the policy reforms, the Consortium of Reproductive Health Associations (CORHA) is capitalizing on the advance notice and mobilizing advocates to develop an evidence-based advocacy strategy so that civil society is ready when the government announces its decision. Right now, CORHA is using its convening power to mobilize a network of more than 70 sexual and reproductive rights organizations to understand the UHC policy reform options, key decision-makers and timelines. As part of this process, CORHA is conducting a landscape assessment of the UHC policy environment to identify opportunities for sexual and reproductive rights advocacy and for civil society engagement in future decision-making processes, which will provide the foundation for a future SRHR CSO advocacy strategy.

## KENYA: TAKING UHC TO SCALE

In December 2018, the Kenyan government announced an initiative to pilot a UHC program in four counties – Kisumu, Machakos, Nyeri and Isiolo – through a central-level budget allocation to county governments. As part of its advocacy strategy, Kisumu Medical Education Trust (KMET) is working to track and document the impact and shortcomings of the year-long pilot program, which was introduced quickly and also lacks a transparent or sequential policy framework or decision-making process. As such, the pilot did not include family planning, policy guidelines for implementation were insufficient and national and county government roles in UHC implementation were undefined. Other challenges included little focus on preventive and promotive care, poor quality of service provision, inadequate human resources to meet the demand and weak public participation. As the national government contemplates a national rollout, KMET will work with county-level policymakers with decision-making power. The evidence gathered during this initial period will inform the government's plans to scale up the program. It will also become the foundation for data-driven advocacy for family planning inclusion, access and quality service provision.

## INDIA: ELEVATING THE VOICES OF MARGINALIZED WOMEN IN SUBNATIONAL ADVOCACY

In 2018, the Indian government launched Ayushman Bharat, the parent program of India's Health and Wellness Centers (HWCs) and the world's largest public health insurance scheme, PM-JAY. The program is to serve as the health financing catalyst toward UHC. However, states were left to determine their own implementation strategies. The dual launch of the new HWCs alongside the health insurance scheme has yielded challenges – the largest of which includes many centers not yet being open. As HWCs are where women are supposed to access family planning methods in the public center, this presents a key access gap. In Uttar Pradesh, PAI partner Sahayog Society for Participatory Rural Development (SAHAYOG) is leading community-based efforts to strengthen the knowledge of the major health financing reform among civil society and community-based organizations. SAHAYOG is working to elevate marginalized women's voices in local UHC advocacy efforts to ensure their access to family planning in both public and private facilities.

# LOOKING AHEAD

Civil society champions are important partners in government-led efforts to achieve UHC. Together with country partners, we are targeting our efforts first on UHC health financing reforms to increase women and girls' access to sexual and reproductive health services, but we know achieving UHC and ensuring universal access to SRHR require major policy and programmatic changes across complementary parts of a country's health system, including the health workforce, supplies, service delivery, governance and information systems.

We envision a future where all women and girls can realize their rights and access sexual and reproductive health care, and we will capitalize on the unprecedented momentum behind UHC-focused policy change to ensure universal access to SRHR for women and girls through the next decade and beyond.



# OUR OTHER INITIATIVES

**Government Accountability for Family Planning Budgets:** Through the Government Accountability initiative, PAI's civil society partners in six countries – Burkina Faso, Côte d'Ivoire, Malawi, Tanzania, Uganda and Zambia – conduct budget monitoring and advocacy to increase government investments in family planning and ensure that the funds are being properly disbursed and used.

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**Opportunity Fund:** The Opportunity Fund is a flexible source of funding for family planning advocacy managed by PAI for Advance Family Planning. It helps CSOs seize advocacy opportunities to accelerate Family Planning 2020 (FP2020)'s success. PAI supports advocates in the Global South to secure policy and funding decisions aimed at achieving FP2020 and Ouagadougou Partnership commitments at national, state and district levels.

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**Primary Health Care Strategy Group:** A strong primary health care system not only delivers high-quality care and services; it also builds trust with communities to promote health and well-being. PAI convenes the Primary Health Care Strategy Group (PHC SG), a coalition of civil society health advocates from around the world. The PHC SG is dedicated to improving global and domestic financing and policy to strengthen primary health care systems for the achievement of UHC. Ensuring quality of care, health equity and access to health services underpins the coalition's efforts.





# PEOPLE

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