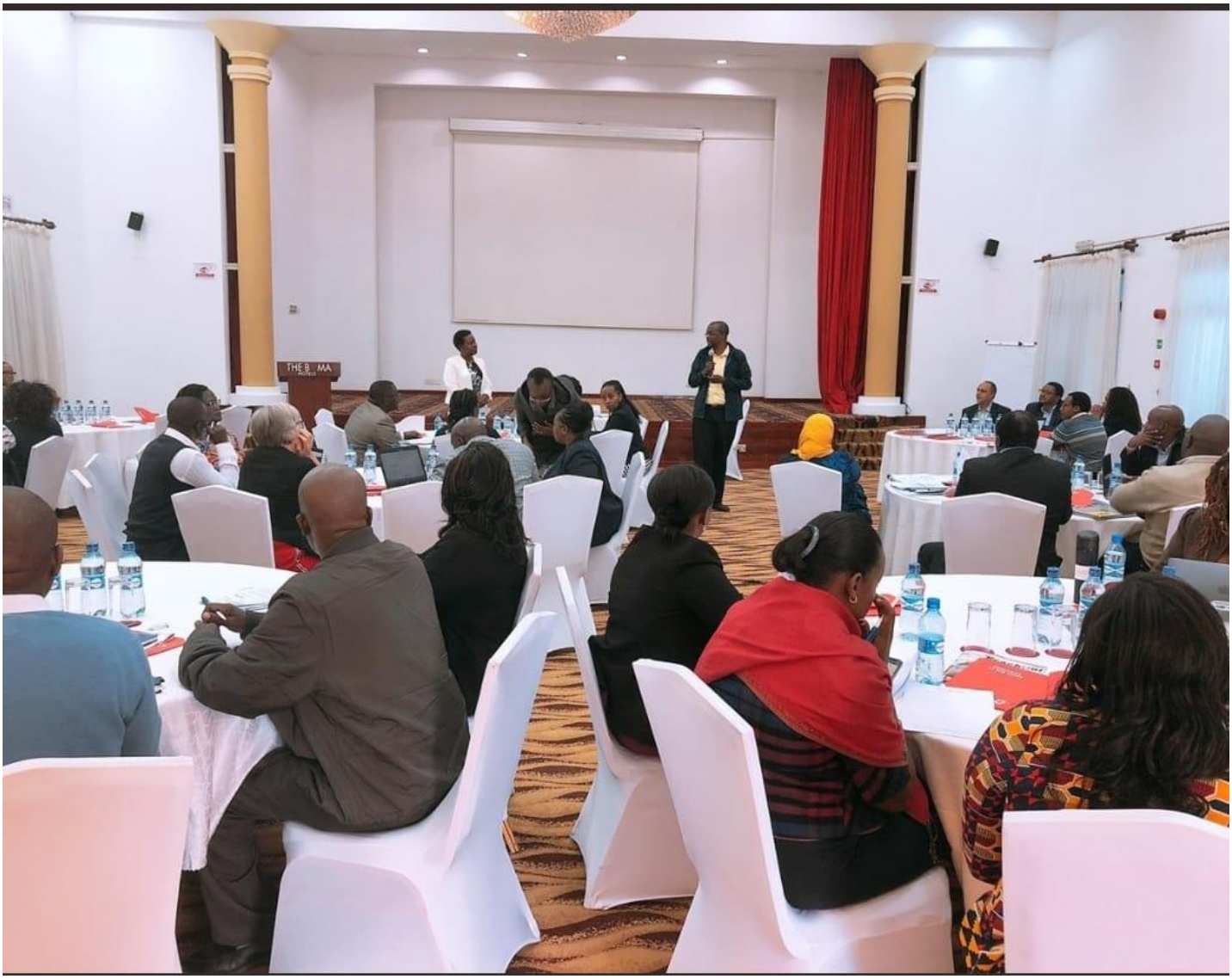
Report from the National CSO UHC High Level Meeting in Kenya

18th July, 2019, Boma Hotel (South C), Nairobi



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CSEM	Civil Society Engagement Mechanism for UHC 2030
CSOs	Civil Society Organizations
GF	Global Fund
GoK	Government of Kenya
HCSOs	Health Civil Society Organizations
HENNET	Health NGOs Network
HERAF	Health Rights Advisory Forum
HIV	Human Immunodeficiency Virus
IFRC	International Federation of Red Cross and Red Crescent Societies
KANCO	Kenya AIDS NGOs Consortium
KELIN	Kenya Legal and Ethical Issues Network on HIV/AIDS
KETAM	Kenya Treatment Access Movement
KHF	Kenya Healthcare Federation
KRCS	Kenya Red Cross Society
KP	Key Populations
M&E	Monitoring and evaluation
MIS	Management Information System
MOH	Ministry of Health
MSM	Men who have sex with men
MPPI	Minimum Package of Prevention Interventions
NASCOP	National AIDS/STI Control Program
NEPHAK	National Empowerment Network of People Living with HIV
NGO	Non-Governmental Organization
PEPFAR	US President's Emergency Plan for AIDS Relief
PGA	President of the General Assembly
PLWH	People living with HIV
PR	Principal Recipient of the Global Fund funding
PS	Principal Secretary
SDG	Sustainable Development Goals
STI	Sexually Transmitted Infection
SW	Sex Workers
SWAP	Safe Water and AIDS Project
TA	Technical Assistance
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNGA	United Nations General Assembly
UN HLM	UN High-Level Meeting
USAID	United States Agency for International Development
WHO	World Health Organization

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In Attendance

1. Amnesty International Kenya
2. AMREF Health Africa
3. BLAST
4. Civil Society Engagement Mechanism (CSEM)
5. CSO representative for Kisumu UHC CSOs
6. DSW
7. HENNET
8. HERAF
9. HIV Patient Support Group And Cancer Support Group
10. HOYMAS
11. Institute of Human Rights
12. International Federation of Red Cross and Red Crescent Societies
13. International network of Religious Leaders
14. IPFK (Institute of Public Finance Kenya)
15. ISIOLO TV
16. ITPC East Africa
17. Jamaa Centre
18. Kenya Association of Muslim Medical Professionals -KAMMP
19. KANCO
20. KELIN
21. Kenya Healthcare Federation (KHF)
22. Kenya Network Of Cancer Organizations (KENCO)
23. Kenya Network of Counsellors Organizations
24. Kenya Red Cross
25. Kenya Treatment Access Movement (KETAM)
26. KESWA
27. Kilifi County
28. Tinanda Youth Organization
29. Ministry Of Health
30. Movement of Men against AIDS in Kenya
31. NCD Alliance
32. NEPHAK
33. Nutrition International
34. Pamoja TB group
35. Panafrica Women's Positive Coalition
36. PATH
37. PITCH
38. Trans alliance Kisumu
39. TSC
40. UNAIDS
41. WHO Kenya
42. WOFAK

1.0 Background

Achieving universal health coverage (UHC) is a global health priority embedded in the Sustainable Development Goals (SDGs) and 2019 is a year filled with opportunities to drive progress towards UHC. While there is no one-size fits all model for universal health coverage at a country level, the ideal health system would be one that is comprehensive, integrated, rights-based, non-discriminative and people-centred.

The momentum is building at country level towards meeting the SDG 3.8 targets, through various approaches including: the development of financing strategies, expanded health insurance access, defined essential health benefits packages, and strategies to ensure quality of care and that no one is left behind. In addition, the first ever United Nations High-Level Meeting to discuss UHC will be held on the margins of the UN General Assembly meeting in September 2019. The UN has tasked UHC2030 to support the preparatory process for the multi-stakeholder hearing of UN HLM with the President of General Assembly (PGA) and the meeting of UN HLM, particularly about "sharing evidence and good practices, challenges and lessons learned".

- ***Opportunity***

As governments implement UHC policies and strive to uphold commitments towards achieving health for all and leaving no one behind, it is important that these policies reflect the needs of their constituents. The high-level meeting on UHC provides civil society and communities with an opportunity to influence government commitments toward meeting the SDG3 targets. UHC2030 and its Civil Society Engagement Mechanism (CSEM) have developed a consolidated set of Asks to feed in to the political declaration and related advocacy materials. As part of this process, the CSEM has adopted a needs assessment questionnaire, to capture country level data on UHC and use it to enhance accountability.

- ***UHC in Kenya***

The government of Kenya launched the UHC pilot programme in December 2018, under the President's ambitious Big Four Agenda, which saw the identification of 4 pilot counties to roll out the programme. The Civil Society has been realigning and engaging with government and other like-minded partners to ensure that community voices shape the UHC discussions, policies, programming and implementation. The High-Level meeting in September 2019 presents yet another opportunity for civil society in Kenya to enhance strategic engagement, influence the Kenya government's position and commitment to the HLM and the UHC agenda.

The country advocacy meetings on UHC would provide civil society with a national level platform to;

1. Advocate and influence the Kenya government's position to the High Level Meeting and commitment to advance UHC
2. Consolidate Kenya's CSO's position to the HLM and
3. Develop a CSO framework of engaging with the Kenya UHC agenda beyond the HLM.

2.0 Morning Proceedings from the meeting

- ***Introduction***

The meeting was attended by a total of 63 participants drawn from the National Government, the Private Sector, Civil Society, CBOs, FBOs and community groups.

- ***Preliminary***

The planning secretariat had a small roundtable meeting for agenda flow consensus as participants continued to settle into the meeting room. The official opening of the meeting came at 9:15am. The sessions moderators for the day were: Rachel Ndirangu, CESM; Ludfine Bunde, UNAIDS; Sylvia Khamati, KRCS;

Sylvia Ayon, KANCO; Nelson Otuoma, NEPHAK and Noor Baya, International Federation of Red Cross and Red Crescent Societies.

2.1 Opening Remarks

This session moderator was Rachel Ndirangu, Christian Aid and Civil Society Engagement Mechanism for UHC 2030 (CSEM). She commenced the session by inviting the participants to conduct a round of introduction highlighting their names and the organizations and/or groups they represented. She pointed out on the rich diversity of representation which was critical for a multi-stakeholder engagement.

She said that 2019 is an important year for UHC agenda having gained recognition from the UN and setting aside an opportunity to have a HLM for UHC which is an opportunity to bring the community voices to the discussion. She then welcomed the seven speakers below for opening remarks.

- ***IFRC -Dr. Adeiza Ben Adinoyi, Head of Health and Care Unit Africa Region***

He welcomed all into the consultations that is going on in several other parts of the world. He explained that UNAIDS and IFRC convene meetings to better understand position, role and value addition to collectively make decisions to shape UHC targets. Both UNAIDS and IFRC reflected on challenges to access to Health care for marginalized populations who cannot access essential health services and appreciate CSOs in Kenya saying they bring forth a value addition to the UHC process because of their experience using various approaches to address vulnerability and footprint in counties. Hence UHC needs to build on this. Dr. Ben, acknowledged commitment of GoK to UHC as it's in the first four agenda.

IFRC work at community level to build resilience of people through three approaches;

1) Accompany the communities and leading through tools that catalyses community action.
2) Enable communities to success factors e.g. human resources, local capacity and local communities
3) Reconnect approaches and foster creation of stakeholders at different levels

Being that UHC is aligned to the work with community, IFRC recognize that no single organization can achieve all hence work with other organizations.

IFRC have networks of volunteers across Africa and are resources to contribute towards achieving universal health coverage.

IFRC aims to position CSO in preparation for UHC 2030 HLM mainly because UHC is aligned to the global strategy of IFRC.

In conclusion he thanked KRCs for hosting the meeting; for their work in Kenya through their volunteer network who are improving treatment literacy and working with Kenyan government to achieve UHC success in the 4 pilot counties.

- ***Kenya Red Cross-Mr. Eng. Ayaz Manji, Director of Programs***

He welcomed everyone into the meeting and explained that KRCS is responsible for health across the border of Kenya. As a Kenyan, he is proud that the government has the conversation on the table. Mr. Ayaz noted that many Kenyans are confused about the UHC. He encouraged efforts to increase understanding on UHC saying that UHC begins at home with families.

KRCS is working with many health facilities in the country case example Tharaka Nithi and Embu and continues to be in touch with grass root CSOs and hence it's easy to have a political discussion around UHC.

He concluded by saying that today our perspective is important and this has the possibility of being brought on board in the discussions of the day.

- ***UNAIDS -Ludfine Bunde, Community Mobilization Advisor***

Representing the UNAIDS Country Director, Ludfine Bunde, Community Mobilization Advisor, acknowledged the GoK representative, Dr. Mukui, and congratulated her on her new role at the UHC Secretariat. She further appreciated the IFRC for the partnership to bring CSO on-board and thanked the Steering committee.

She stated that UNAIDS puts a lot of premium working with communities and know that communities will tweak discussion on UHC.

The UN High-Level Meeting (UN HLM) on Universal Health Coverage is important to galvanizing the world and has been driven from the financing point of view; there are other silent issues that make the response successful.

There are seven lessons from UNAIDS on the HIV response that may be useful for UHC interventions, namely:

1) Governance for UHC—it's not enough for government to drive priority setting, monitoring of goals need communities and the public, e.g., Global Fund ensure communities are represented in the governance e.g. KCM hence as governance structures are being set for UHC there will be slot for communities
2) UHC can build on platforms that have worked, e.g., HIV program is big with many professionals, the UHC can build on the professionalism hence integration is happening as opposed to a parallel system and based on what works.
3) Preserving focus on delivery of services for marginalized groups, young people, migrants, PWD, the UHC should be deliberate on these persons and CSO is at the centre of this.
4) Decentralized service delivery, it is not enough to speak on behalf and note that people who are affected can turn around discussions to be personalized; then UHC should not be left at the health facility.
5) Political and social mobilization-Lets develop narratives for demanding action. This needs champions and galvanizing the response. This needs champion beyond President Kenyatta of Kenya. Champions needed to deliver UHC Post HLM hence CSO have political and social demands to follow through. Hope we can open up to academia as well.
6) Targeting and monitoring-Global 2019 Global AIDS report, communities at the centre, what it takes to deliver, without data this would not be possible. Hence data for UHC will be very key, what people are affected and how we are using available resources?
7) Social determinants of health, rights based policies and programs, programs are delivered in an enabling environment and hence need to look at the criminalizing laws and to do away with same by decriminalizing issues, could some structural issues be brought at the centre at UHC?

In conclusion, Ludfine reiterated that a community that is engaged brings value to discussion with current information, and the high level meeting can take the discussion to deliver the UHC agenda.

- ***Community Representative-Alie Eleveld, Board Chair, HENNET and Executive director, Safe Water and AIDS Project (SWAP)***

Alie began by acknowledging that she hails from Kisumu, one of the pilot counties for UHC. She said that UHC is taking shape at the county evidenced by the recent Conference on the same. Being a board Cahir for HENNET she reiterated that this was a great opportunity with a strong agenda towards working with private sector, GoK, CSO in realizing UHC in Kenya. She was concerned that CSO are sometimes side-lined to achieve an ambitious goal of UHC.

She concluded saying that HENNET can reach communities hence need to step up on this project.

- ***AMREF Health Africa-Dr. Elizabeth Wala, Programs Director***

Dr. Wala gave an elaborate Power point presentation that explained what UHC did not mean and the messages were as follows:

1) UHC does not mean free health care for all. It means we need to identify the basic package and minimum that can be funded.
2) UHC is not all about the money. It is about creating the health systems, The goal towards UHC is not limited to funding only
3) UHC is not just about political will. Harness political will t accelerates progress towards UHC, but don't let politics drive it all.
4) UHC is not just about individual treatment services. UHC is also not just about service but provides for population-based services
5) UHC is not the same, although all members countries have agreed on achieving UHC by year 2010 this road will look very different for each county or countries.
6) UHC is not just about health, it is progress towards equity development

- ***Ministry of Health-Dr. Irene Mukui, UHC Secretariat***

Dr. Mukui said that the role of the CSO has been very critical in achieving successful HIV response. CSO sits in many institutions that make decision about financing. The influence needs to come from multiple corners to those who fund.

She explained that UHC is making sure community access quality services at affordable cost for local persons.

Currently all government ministries PS are in a meetings and each are articulating how they will achieve UHC within their ministry.

She challenged the CSO to find their space at the table of UHC deliberations at all levels. To continue advocating for the space and ensure they are at the centre at the response. She reinforced that communities need to be adequately represented and cautioned against waiting to be called at the table but instead put our feet forward and enter, will find ourselves (CSOs) in the discussions.

She concluded by saying that discussions are on-going especially in reflection of what should come in the next phase of scale up but CSO should ensure they are involved.

2.2 Background and Objectives of the meeting – Dr. Mercy Onsando, Director HENNET

The aim of this session was to give the participants a brief background about the meeting and to share the objectives of the same. Dr. Mercy Onsando informed the participants that the Kenya National CSOs High Level Advocacy meeting on UHC is held in preparation for the first ever United Nations High-Level Meeting on UHC which will focus on sharing evidence and good practices, challenges and lessons learned. The CSO meeting was to provide a platform to shape the discussions and to influence government commitments towards meeting the Sustainable Development Goal 3(three) targets. The meeting was facilitated by International Federation of Red Cross (IFRC) in collaboration with the Kenya Red Cross, and in Partnership with UNAIDS and Civil Society Engagement Mechanism (CSEM) for UHC2030.
She gave a background of UHC in Kenya as have been launched by the government of Kenya in December 2018 under the pilot programme and plans were underway to roll out the project to all counties. In line with this, the Civil Society has been realigning and engaging with government and other partners to ensure that community voices shape the UHC discussions, policies, programming and implementation and therefore, the UN High-Level meeting is an opportunity for civil society to enhance strategic engagement, influence the Kenya government's position and commitment to the HLM and the UHC agenda.

The purpose of the meeting therefore was to create a space for participants to discuss Kenya's priorities for UHC, experiences from the pilot programme and how to leverage on the HLM to ensure no one is left behind. The objectives on the other hand included;

1) Providing information about UHC and HLM on UHC with an emphasis on its importance at the country level and present UHC2030 Key "Asks" and CSEM Priority Actions
2) Providing information on the status of UHC implementation in Kenya, including responses on UHC needs assessment (Questionnaire) and preparations for the HLM
3) Exploring priority issues and actions for UHC to ensure no one is left behind, building on community-led evidence.
4) Advocating for high-level government representation at the HLM and make concrete commitments based on country needs.
5) Discussing how communities and Civil Society can engage government to contribute to UHC policy development and implementation including accountability mechanisms.

2.3 Understanding UHC Commitments made at the Global and National Level

This session moderator was Sylvia Khamati, Kenya Red Cross Society who welcomed three speakers whose contributions were captured below:-

- ***Universal Health Coverage (Global Perspective)-Dr. Al-Mudhwahi Mona Ahmed, WHO***

Dr. Mona gave a power point presentation explaining that half of the world's population still do not have full coverage of essential health services. However, all UN member states have agreed to try to achieve UHC by 2030 as part of the Sustainable Development Goals.

She further shared on that at the Global Stage, WHO is working on the **13th Global Program of Work** and the **Astana declaration.** The Mission of the 13th Global Program of Work is to Promote Health; keep the world safe and serve the vulnerable, the targets being that 1 billion more people benefit from Universal Health Coverage, 1 billion more people are better protected from health emergencies and another 1 billion more people are enjoying better health and well-being. On the other hand, Astana Declaration has commitment to: Bold Political choices for health; build sustainable primary health care; Empower individuals and communities and align stakeholder support to National Health Plans. The four main areas to drive success would include: Knowledge and capacity building human resources; Technology and Financing.

At the Africa Stage, WHO is working on the **Transformation Agenda in The African Region** which calls for UHC to be at the top of programmatic priorities and emphasis is placed on partnership, connection and communication; and **UHC Flagship** which entails targeted country support. On the status of the UHC Flagship, some countries have embarked on major reforms e.g. Kenya UHC Big 4 agenda. 14 other countries have UHC Roadmaps with 7 more in the picture. UHC Financial, technical and public goods support.

In Conclusion, Dr. Al-Mudhwahi said that the WHO Regional Office for Africa has defined the needed guidance and tools for supporting UHC Implementation and continued to say that WHO is willing and ready to work together with all partners to support the move to UHC.

- ***UN High Level Meeting on UHC and Civil Society Engagement –Rachel Ndirangu, Christian Aid/ Advisory Group Member CESM for UHC 2030***

Rachel began her presentation by explaining what the UHC 2030 is. UHC 2030 is a movement to accelerate progress towards UHC by providing a multi-stakeholder platform that promotes collaboration on health systems strengthening at the global and country levels. UHC 2030 is hosted by WHO and World Bank.

She elaborated that UHC2030 has been tasked to support member states and the UN HLM preparation process with a focus on "sharing evidence and good practices, challenges and lessons learned".

She further expounded on CSEM (Civil Society Engagement Mechanism) mandate, which is to raise the CSO voices in UHC2030 and ensure that UHC policies are inclusive and equitable, and that no one is left behind.

Rachel spelled out that at the President of the General Assembly (PGA) will convene a one-day high-level meeting on universal health coverage at the United Nations Headquarters in New York on 23 September 2019, a day before the start of the general debate of the Assembly at its seventy-fourth session, with the overall theme: Universal Health Coverage: Moving Together to Build a Healthier World. The UN member states will approve a concise and action oriented political declaration, agreed in advance by consensus through intergovernmental negotiations, to be submitted by the President of the General Assembly for adoption by the United Nations General Assembly (UNGA).

In support of UHC2030 key asks from the CSEM include: Increase in public health financing and financial protection; Leave no one behind; grow the health workforce and engage civil society and community in UHC implementation to ensure accountability.

In conclusion, there are some pre-HLM actions that CSOs and community should undertake such as sharing the Kenyan CSOs key asks and priorities with the MoH/MOFA which can be shared with missions in New york and encourage Head of State (HoS) participation and secondly, encourage civil society inclusion in the Kenyan delegation, including UHC imminent speaker in the opening segment and invitation of other accredited organizations to the UN HLM.

- ***Overview of the Country UHC Implementation status-Dr. Irene Mukui, MoH, UHC Secretariat***

Dr. Mukui's presentation focussed on lessons learnt from the one year pilot of UHC in 4 counties in Kenya from December 2018 to date as well as current status of UHC scale up planning. She elaborated that the financing mechanisms is not included in her presentation as this is not yet finalized.

UHC pilots focussed on these pillars in its approach, namely: Strengthening Community Strategy; information management systems at level 2 and level 3; Medical diagnostics and financial maintenance.

Since health service delivery is devolved, the country allocation for health was increased and used for what was critical for pilot counties.

Observations made during pilot were;

1. Sudden increase of people who were accessing health services, free, eg. People who were paying in private clinics were now shifting to public
2. Some facilities ran out of supply
3. Strain on the health care workers because of increased workload

What did not work well included;

1. Recruitment of health workers delayed. Hence additional CHEWs were engaged. Some CHEWS were few in some counties
2. Differentiated service models was critical

3. Health products and commodities stock outs-hence need to strengthen supply chain and this needed information
4. Limited health equipment
5. Missing standardizations
6. Health systems not operationalized and referral system was not effectively implemented
7. Data, especially real time financial, health systems data and service delivery was a gap. Some organizations still report manually

Pilots are still continuing and information in being collected to facilitate scale up in the new financial year.

Some consideration for the future;

1) UHC is top on the political agenda. This is very positive and the CSO need to leverage on this as all GoK structures have been mobilized.
2) Planning is on-going within the ministry (and inter-ministerial teams-across all the 4 agenda)based on the lessons from the pilot counties. The plan is to have UHC in 47 counties in the country
3) CSO can take advantage and engage in the planning cycles. Meetings should be timely and critical. The approach is towards the health systems strengthening and within the primary health care facilities, Human Resource Management, infrastructure. The ministries involved in the planning include: Water Sanitation, ICT-connectivity to be enabled at national and counties, Roads and Public works with the health ministry as the leader. Action plans are currently under development.
4) Discussion should focus on bringing definition of community systems and ensure communities are involved in the whole cycle of managing the UHC project.

Opportunities for CSOs

1) Have an organized approach for engaging with the government. The CSO need to think about the structure of engagement and take advantage of organizations that GoK listen to and retain what the agenda is at the table
2) Look for direct and indirect ways of influencing the conversation. Analyse who your other influencers are that can talk to the government and change the positions
3) Make attempts to engage prior to the UN-HLM as this helps with prior engagement and agreement on asks at HLM.

2.4 Kenya CSO journey with the UHC agenda - Dr. Mercy Onsando, HENNET

This session moderator was Ludfine Bunde, UNAIDS who welcomed Dr. Mercy to present and the contributions are captured below:-

Dr. Onsando introduced the session by introducing HENNET as the umbrella organization of Health Civil Society Organizations (HCSOs) in Kenya, founded in 2005 with the mandate of having a coordinated approach in health engagement. The membership currently stands at 100 Health Civil Society organizations.

She pointed out that Health Civil Society in Kenya have been in the UHC agenda from the time it was declared by our president as an agenda in the country and are therefore committed to the Big 4 agenda. To achieve UHC HCSOs believe that Kenya needs to invest in access, quality, financial protection and social accountability.

The roles of the HCSOs were outlined to include;

1) Advocacy; advocate for Rights-based approach to UHC, Social accountability, mediatory and increased budgetary allocation
2) Advisory; Counsel/Advice the government on health system improvements required for UHC and to mobilise and build capacity of communities to play their role in UHC to seek health services.
3) Service delivery/ implementer; Primary healthcare services, Increased NHIF enrolment, develop, design and implement programmes that contribute to UHC agenda. Develop and implement programs that support the UHC agenda and set up scalable inventions

- ***Some of the achievements of the CSOs;***
  1) Advocated for increase of national budget for health.
  2) Built the capacity of CSOs on budget process and on Global Financing Fund (GFF) mechanism
  3) Advocating for quality, services access, policy, social accountability
  4) Participated in the development of health-related policies
  5) Advocated for the recognition and engagement of CHWs by the government
  6) Gave in puts into the NHIF document to ensure client centred approach moving forward
  7) Developing and implementing programs in support of the UHC i.e. Social Accountability, immunization, Reproductive Health and on communicable and Non- communicable Diseases.

- ***Challenges***
  1) Not able access documents/information i.e. approved health budgets; hence not able to monitor the health budget
  2) Lack of meaningful participation of the HCSOs and the public in the budgeting, policy development and other planning processes/ decision making levels
  3) Myths and poor understanding of UHC by the community
  4) Corruption in the country

HENNET then welcomed the member NGO organizations to make a few remarks on the above achievements. The organizations which spoke were: AMREF, KANCO, HERAF and KMET.

The Chair concluded the session by summarizing some action points that arose from plenary discussions and they were as follows:-

1. CSOs need an inventory of skill set and to know who is representing the CSO voice in the different forums.
2. CSO to develop shadow report of the UHC as government do own report based on real data.
3. CSOs need to be accountable within the CSO team, to organize better based on the roadmap developed from this Boma meeting and engage allies in the process

3.0 Afternoon Proceedings from the meeting

- ***Introduction***

The session was chaired by Ludfine Bunde, UNAIDS, who rearranged the program and explained that the panel session would not take place as the panelists had already shared their views in the remarks earlier in the day. She now welcomed speakers from the private sector and the community representatives to give their remarks as follows:

3.1 Private Sector remarks

- ***Dr. Nyalita Anastacia – Kenya Healthcare Federation (KHF)***

KHF as members of UHC 2030 under the Private Sector constituency is developing a statement towards the HLM on UHC. The key highlights of the statement are;

1) Concept of UHC is based on the principle that all individuals and communities should have adequate access to quality essential health care services without suffering financial risk. The Private sector plays a critical role in providing health care services
2) Barriers hindering realization of UHC such as poor health infrastructure, out of pocket payments for products and services, shortage of qualified health workforce can only be addressed through multi-stakeholder partnerships for building a healthier world.

3) Invest more; invest better for sustainable health care financing models. Health financing is a shared responsibility that requires global solidarity and domestic effort. There is need to strengthen national institutions to sustain public financing and harmonize health investments.
4) Regulate and legislate an enabling strong regulatory and legal environment within the context of UHC to ensure that there is self – regulation, identify common interest and build complimentary partnership towards achieving UHC.
5) Strengthen capacity building; build robust and responsive health work force which can handle evolving public health needs such as disease outbreaks, technology advancement.

- **Private sector contributions towards achieving UHC**

1) Innovations to health and tools that can strengthen the health system such as use of drones in drug delivery
2) Contribution towards building robust health workforce and knowledge management systems which is critical to achieving UHC
3) Develop, tests and scale innovative business models that place UHC and leaving no one behind at the core such as using flexible delivery and pricing models
4) Shape future of policy directions i.e. looking at existing policies and policies under discussions and providing feedback
5) Contribute to efforts to raise the finance available for UHC through the development of innovative finance models and financial tools that generate savings which can be re-directed to other economic needs.

- ***Roseline Odhiambo – CEO NHC Maisha***

The CEO introduced NHC Maisha a private health institution based in Naivasha and working with the flower farm workers and people below the pyramid. The facility is among the private facilities assisting in the implementation of the 'Big 4 Agenda'. The facility has 12,000 members registered under the NHIF public scheme which translates to about 3,000 clients visiting the facility per month who are in dire need of health care services that are sustainable and can provide benefits in all areas.

According to Roseline, the UHC model is a great agenda which is beneficial to everyone across. From the private sector perspective however, there is need to include them in the discussions and collaborations to understand what is going on under the roll-out. She gave an example where NHIF reimburses Kshs. 100 per month per person for a period of three months; at Kshs. 100 the facility is supposed to provide consultation, laboratory tests and medication yet the visits are not limited thereby allowing a client to visit up to 5 times in a month straining the facility and could result in poor services. She therefore recommended the need to be in partnership with the government to identify the gaps and over avenues where they can support the process to make UHC a reality.

3.2 Community representatives remarks

- ***Pascal Macharia – Hoymas***

According to Pascal, the definition of marginalized communities needed to be expounded on to ensure that no group was left behind and secondly he emphasized the need for using the lessons from UHC pilot counties to make services targeted and use this as an opportunity for real time learning. He emphasized on the need for the government to remove the structural barriers at the health facilities to ensure there is access across board.

- ***Jessica Oluoch- KELIN***

Jessica spoke on behalf of the Kisumu CSOs for UHC saying most CSOs did not understand what UHC is. Kisumu CSO for UHC secretariat organized a meeting with CSOs on the same and a joint paper with over 50 CSOs was developed calling for more understanding of UHC. The paper was calling for:-

1) Rights based approach to health, in line with article 43 of the constitution
2) Engaging everyone and leaving no one behind
3) Transparency and accountability on UHC implementation

This meeting was followed by a dialogue forum with Kisumu County Government where the CSOs were able to share their position paper and to develop strategy looking at partnership bwtween the government and Kisumu CSOs to ensure there is transparency and accountability, public participation in forums deliberating on UHC and finally to form a joint UHC task force to monitor UHC implementation at the county level.

- ***Kamau-Kenya Treatment Access Movement (KETAM)***

Kamau advised CSOs to advocate for the 5% of GDP to go towards health and move away from the 15% budget allocation for health.

The Chair concluded the session by summarizing the action points that arose from plenary discussions where most speakers were requesting for:-

1) Annual CSOs forum on UHC,
2) HENNET need to reorganize the way of engagement.
3) CSOs to have structural conversations periodically, perhaps, monthly, quarterly or annually bring in the allies e.g. The private sector, UN Family etc

3.3 Consolidating Key Messages for the HLM, Group Discussions and Brainstorming

This session moderator was Sylvia Khamati, Kenya Red Cross Society who divided participants into three groups to work on three group work assignments: The CSOs Asks for the HLM on UHC, CSOs asks to the government ahead of the HLM and Road Map for CSOs engagement on UHC Pre and Post HLM; engagement with County and National Governments and among the CSOs. The group presentations are captured below:

1) The CSOs Asks for the HLM on UHC

1) Invest in social accountability/empowering CSOs and the communities to ensure that citizens are able to demand for UHC and hold their respective government to account on the implementation of UHC.
2) Put in place an all-inclusive governance structure (representatives from CSOs and affected communities) that would oversee the implementation of UHC at all levels – global, national and sub national.
3) Engage CSOs as equal partners; ensure that the various groups (Young people, PWDs, Elderly, populations in transit/migrants, those affected by emergencies, prisoners, key populations and ethnic minorities , persons living with chronic conditions)are brought to the discussion table to ensure that their needs are met.

4) Embrace a multi sectoral, rights based approach in implementation of UHC recognizing that many barriers to UHC lie beyond the health sector. It should cut across all government divisions/sectors and communities.
5) Timely access to information for effective public participation of the CSOs and community groups for policy development, strategy development and implementation of the UHC agenda.
6) There is need for domestic resource mobilization for UHC underpinned by the principle of national ownership.
7) Embrace evidence based robust data that is extensive, credible and disaggregated by sub groups for roll out of UHC.
8) Leverage on existing technological advancement / innovations/existing programs and initiatives in the health sector to support the implementation of UHC,

2) CSOs asks to the government ahead of the HLM

1) The Essential Benefits Package should be inclusive to enable citizens to live a healthy life expanding it to include preventive and promotive health.
2) Investing on a holistic health systems approach to deliver UHC
3) Leverage on existing technological advancement / innovations/existing programs and initiatives.in the health sector to support the implementation of UHC,
4) The legislators at the county assemblies should be sensitized on the need to implement the budget to ensure there are resources for health.
5) There is need for policy guideline or framework to anchor the implementation of UHC in the county -to enable such as ring fencing of UHC funding etc. … and ensure that UHC remains a long term priority.
6) Embrace a multi sectoral, rights based approach in implementation of UHC recognizing that many barriers to UHC lie beyond the health sector. It should cut across all government divisions/sectors and communities.
7) Embrace evidence based robust data that is extensive, credible and disaggregated by sub groups for roll out of UHC.
8) The government should commit to transparency of UHC finances to allow for tracking the implementation of resources
9) Increased continuous funding for UHC , government to adopt a performance rights based financing model based on defined milestones for roll out of UHC
10) Promotive services to be given more prominence. Currently, there is a high allocation to curative health at the expense of promotive and preventive health. There should be a shift to ensure that community health is given prominence to reduce the burden of disease.
11) Invest in sensitization and citizen awareness and interpretation so as to understand the concept of UHC
12) Commitment to develop and disseminate post HLM action plan with timelines. These should also be implemented.
13) Embrace evidence based robust data that is extensive, credible and disaggregated by sub groups for roll out of UHC.
14) Allocation of resources to be relooked. Resource at the lower level should put more emphasis on preventive and promotive services.

15) Ensure there is high level delegation to the HLM. The team attending the meeting should be key decision makers, parliamentary representation, COG. Provide for CSOs representation in the government delegation.

3) Road Map for CSOs engagement on UHC Pre and Post HLM; engagement with County and National Governments and among the CSOs

- **Objective**

To have a uniform voice that holds common position for all the CSOs to engage both levels of the government in giving proposals and achievements of UHC. Strengthen the organization with issues around expansion and review of membership.

- **Action Points**

1) Develop a task force to look into the various areas
2) Build on existing networks for advocacy and CSO engagements in the UHC2030 Agenda. Engagement in Sector Working Groups (SWGs) at all levels i.e. cancer, diabetes, HIV etc.
3) All CSO need to galvanize around the UHC agenda and have a coordinated front to engage with government. Broaden the CSOs- UHC membership to include those involved in social accountability, budget and public policy analysis.
4) CSOs and CBOs should undertake community awareness on UHC
5) Having Annual forums where all other organizations are invited to share concerns.
6) Share views and messages with media i.e. main stream, social media, fliers on concerns to be highlighted during HLM on UHC.
7) Have round table meeting with government (MoH, PS, CS) around 26th August 2019.
8) Ensure the delegation to New York is aware of the partners concerns to be raised at the HLM to ensure that they drum up support for the same.
9) Develop a shadow report on UHC and compare with the government report
10) Inventory on different forms of forum, platforms, working groups and meeting on UHC and representation at county, national and global level. This should be shared in good time so that CSOs can attend and participate.
11) An inventory of CSOs representations/memberships in various forum and working groups in UHC and Health related.
12) Prioritize Social accountability mechanisms i.e. development of score cards for government

3.4 Conclusion and Next steps-Mercy Onsando-HENNET

According to Mercy, the CSOs need to be united and be vibrant. A Policy framework to implement UHC with clarity is urgently needed which will clearly outline mechanisms to involve all groups: community, county and national players including getting score cards.

She underscored that prevention needs heightened focus within the UHC agenda. The Civil society in the coming days will agree on the UHC structure they want to see and engage in the planning processes in order enhance conversations and implementation of financing, especially domestic financing. The asks of the CSOs that outline clear action points will now shape have pre and post HLM efforts

She concluded her remarks saying that the Political will is good, however, politics should not define UHC and it is the responsibility of the CSO to ensuring all own the UHC agenda with thinking about beyond 2022 when political regimes change.

3.5 Closing and Vote of Thanks

Noor, International Federation of Red Cross and Red Crescent Societies, thanked all who attended the meeting stating that it was not easy to pick who to come due to the diversity and number of CSOs in Kenya working in and around UHC. It was therefore necessary to take a representative approach in the selection of the CSOs to attend the meeting.

He said the work had just begun because a lot of actions need to be completed and common positions agreed on, before, during and post HLM. He noted that a lot of task remains of engaging during the pilot of UHC to the end to enrich the scale up phase.

He committed that the organizing committee would summarize all that was agreed upon at the meeting and share with everyone for follow up actions.

Annex 1: Programme

Time	Topic	Outcome	Leads
8:30am-9:00am	**Registration**	Registration List/Attendee List	IFRC/KRCS
Moderator: Rachel Ndirangu (CSEM)			
09:00-09:15	**Welcome** **House Keeping**		-CSO
09:15 – 09:50	Opening Remarks	-IFRC **(Dr Adeiza Ben Adinoyi- IFRC Head of Health and Care Unit Africa Region)** - Kenya Red Cross **(Dr Abbas Gullet – Secretary General Kenya Red Cross** -UNAIDS (**Mr Henry Damisoni – Officer in Charge – Kenya)** -Community Rep **(Alie Eleveld Safe Water and AIDS Project (SWAP)** AMREF – **(Dr Elizabeth Wala Program Director AMREF)** Ministry of Health (**Dr. Rebecca Kiptui – Head UHC Secretariat)**	
09:50 – 10:00	**Background and Objectives**	HENNET- **(Dr Mercy Onsando , Director HENNET)**	
	Presentations		
10:00-10:10	Understanding UHC commitments made at the global level (UHC, UNGA and HLM declaration)		WHO- (**Dr. AL- MUDHWAHI Mona AHMED)**
10:10-10:20			UHC2030/CSEM representative
10:20-10:50	**TEA BREAK**		
10:50-11:15	Overview of the country UHC implementation status and responses to the needs assessment questionnaire		MoH- (**Dr. Rebecca Kiptui – Head UHC Secretariat)**
	Plenary Discussion		
Moderator : Ludfine Bunde			
11:15-11:30	UHC2030 and CSEM Asks	CSEM Rep **(Rachel Ndirangu)**	
11: 30-11:45	Kenya CSO journey with the UHC agenda	**HENNET-** AMREF, KANCO, HERAF, KMET	
11:45-13:00	**Panel Discussion:** In light for the HLM • **Gok- MoH** • **County Government** • **CSEM** • **UHC2030** • **CSO/community voice** • **Private sector** • **HENNET**	**Dr. Rebecca Kiptui – Head UHC Secretariat** **COG- (Dr Meshack Ndolo)** **Dr Elizabeth Wala** **Dr Mercy Onsando**	
13:00-	**LUNCH**		

14:00			
14:00-15:00	**Consolidate Key messages for the HLM (Objectives 3, 4, 5)**	**Group discussions, Brainstorming** -Participants will discuss and consolidate key advocacy messages/recommendations based on objective 3,4, 5 -Identify opportunities, key events, pre and post the HLM -CSO recommendations on how to engage post HLM -come up with a draft communique -Highlights from the group discussions.	Facilitators, Host, Civil Society and Non-Civil Society Participants.
15:00-15:15	**TEAB BREAK**		
15:15-16:15	**Conclusions**	Conclusion and next steps Read out communique	
16:15-16:30	**Closing**	Votes of thanks and departure	Facilitators, Host, Civil Society and Non-Civil Society Participants

Annex 2: List of Participants

Kenya Red Cross

UHC Meeting on the 18th July 2019

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