Civil Society Priorities for making the Lusaka Agenda Successful

Context

The Lusaka Agenda launched on Universal Health Coverage (UHC) day 12 December 2023 marked the culmination of a 14-month process of engagement that included multi-stakeholder dialogues in Addis Ababa, Ethiopia (14 June), Wilton Park, UK (4-6 October) and Lusaka, Zambia (26 November). Building from existing efforts, it captures consensus around five key shifts for the long-term evolution of Global Health Initiatives (GHIs) – and the wider health ecosystem and highlights a number of near-term priorities to catalyze action towards the five shifts.

Against this backdrop, WHO AFRO in collaboration with the African Constituency Bureau for the Global Fund (ACB), the AU and Africa-CDC organized a two-day technical consultation on June 12-13, in Addis Ababa, Ethiopia. Aptly titled "Technical Consultation on Advancing African Leadership and Unified Voice towards realization of the Lusaka Agenda," the meeting brought together representatives from the region including from ministries of health, GHIs (including Global Fund, Gavi, and GFF), the AU and Africa-CDC and civil society. Discussions centered around priority actions to strengthen engagement at the country level, accountability frameworks, potential pathfinder countries and a roadmap to be developed ahead of the upcoming meeting of Ministers of Health in August.

Following the technical consultation Communities and Civil Society regrouped to: 1) reflect on the deliberations of the technical meeting, key takeaways 2) identify opportunities for civil society and communities to influence the process; 3) identify immediate next steps, with consensus to develop a common civil society understanding and position on what and how the Lusaka Agenda is seeking to change; 4) develop a clear strategy for providing input into the regional and country implementation roadmap. It was agreed that it is critical for civil society to influence the next stages of the Lusaka Agenda process.

To ensure an inclusive process, a group of CSO, including **WACI Health**, **STOPAIDS**, **Amref Health Africa**, **Friends of the Global Fight Against AIDS, TB and Malaria**, **Hope for Future Generations**, **Impact Sante**, **Aidspan**, **WOTE**, **CSEM**, **Gem Hub Initiative**, **Afya na Haki** and others – created a survey to collect feedback on CSO priorities for the proposed five shifts of the Lusaka Agenda. The survey was widely shared via different CSO networks. The feedback was analyzed and helped shape the CSO priorities below. The civil society representatives support the general aims of the Lusaka Agenda and want to ensure implementation of the Agenda leads to equitable, expanded and human-rights based access to comprehensive health services. The Lusaka Agenda should advance expansion of investment in health, not only changing how health resources are allocated. The following points reflect our priorities to make each of the five key shifts successful.

Lusaka Agenda is guided by the following principles to further strengthen the proposed five key shifts:

1. Meaningful engagement of Communities and civil society
2. Accountability Framework for the 5 key shifts
3. Program and Policy priorities for each shift.

Five key shifts for the evolution of global health initiatives

Shift 1: Make a stronger contribution to primary health care by effectively strengthening systems for health

GHIs more effectively support integrated delivery of services, aligned behind one national plan, and coherently invest in strengthening resilient health systems, including at community level, in order to meet individuals' holistic health needs and have public health impact

CSO and Community priorities

o **Strengthen health systems at the community level** by promoting community-based health programs, **enhancing community-based health worker** (CHW) programs (providing them with comprehensive training in medical skills and community engagement, and ensuring they receive adequate compensation and resources), providing PHC benefits, improving community health infrastructure, and promoting community-based health programs. Community-level interventions are crucial for reaching underserved populations and addressing the social determinants of health. Strengthen community systems to lead implementation and sustain service delivery at lower level.

o **GHI programmes should emphasize the importance of training health workers and communities affected by the diseases , and allocating resources to primary health concerns that fall outside their core missions**. A priority should be to advocate for, where appropriate, health workers to be trained in areas that fall outside the current GHIs focus areas. For example, they should train health workers that deliver HIV services to detect and treat Female Genital Schistosomiasis (FGS), which although not a STI is often misdiagnosed as one and can also significantly increase the risk of women contracting HIV. This has multiple benefits to the patient, to eliminating FGS and to reducing the prevalence of HIV.

o Another priority to be advocated for is that **primary health care must be inclusive of all essential services as defined by WHO** based on the country context. GHIs should not be disease focussed in order for their programs to support essential services. There also may be

opportunities for GHI programmes to utilize existing primary healthcare programmes and vice versa to achieve their goals.

o **Countries must have ownership of their PHC systems and health priorities** covered within them and put in place proper accountability mechanisms for ensuring effective delivery.

o **Community engagement and ownership** must be prioritized by involving community members including women in health program planning, implementation, and evaluation, alongside health education campaigns to increase awareness about health rights and services. Strengthening community/grassroots participation will also **promote accountability, transparency** and to help address **social determinants** of health as well as strengthening other critical sectors that health depends on.

o **Promote a national and jurisdictional health governance model** on horizontal public spaces for citizen participation, private, union and academic organizations related to the health sector, for decision-making in the political health system.

Monitoring and evaluation

o **Establish and** Implement **robust monitoring and evaluation frameworks** to enable data-driven decision-making, ensuring that community health initiatives are effective and scalable.

o **Measure and evaluate the impact of health interventions on public health outcomes**. Use data and evidence to guide decisions and improve programs. This includes tracking progress towards health targets, understanding the impact of interventions, and making necessary adjustments to achieve better health outcomes. By implementing these strategies, the Lusaka Agenda can effectively strengthen primary health care systems, ensuring integrated and resilient health services that meet the holistic needs of individuals and have a significant public health impact.

o The relevance of **UHC plans can be strengthened by monitoring and evaluation mechanisms**, such as the development of performance indicators and community feedback and evaluation mechanisms. The examples of good practices on **Community-Led Monitoring s**how how relevant it is to track HIV, TB, Malaria, and SRHR programmes and services to assess their effectiveness, and ensure that countries take the right steps to achieve gender equality and uphold human rights. By adopting these tangible and proven approaches, UHC plans can become more effective, ensuring that communities, regardless of their geographic or socio-economic location, have access to comprehensive HIV, TB, Malaria, and sexual and reproductive healthcare services.

o Prioritize **commitments to the rights of women and girls and gender equality** in health program planning, implementation, and evaluation. It should include gender-transformative programming for HIV, TB, and malaria, as well as sexual and reproductive health and rights, Gender-Based Violence, and the impact of climate change and ongoing crisis and armed conflicts. While also addressing community health systems strengthening and sustaining and increasing funding to achieve health for all.

o **Community engagement and ownership** is critical for monitoring and evaluation of health programs.

Service delivery

o **Adopt a person-centered approach to health care** that considers the physical, mental, and social health needs of individuals. This involves not just treating illnesses but also promoting

overall well-being through preventive care, health education, sanitation, nutrition and addressing factors of mental health. This will help to address broader determinants of health.

o **Promote and implement integrated service delivery models** that bring together various health services under one roof. This ensures a more holistic approach to meeting the health needs of individuals, reducing fragmentation, and improving access to a range of health services. Decentralizing health facilities to ensure they are well-equipped and staffed at the community level is also essential.

o Ensure that all GHIs **align their efforts with the national health plan**. This creates a unified direction and maximizes the use of resources, avoiding duplication and ensuring that initiatives support and complement each other.

o Leverage technology, such as **telemedicine and mobile health applications**, to extend the reach of health services in remote areas.

o **Recognize the critical role of disease-focused programs**, such as those to address HIV, TB and malaria, and immunization programs, **in building health systems and advancing health.** Health systems strengthening should not be pitted against HIV, TB and malaria programs; rather we must find the synergies in these programs as we grow health investment overall. Backtracking on global commitments (SDGs) to end the epidemics of HIV, TB and malaria would mean rapid resurgence of these killers. Recognize the Global Fund as integral to achieving stronger health systems and UHC that is based in health equality and multi stakeholder participation.

o **Focus investments on strengthening health systems** to make them more resilient. This includes improving infrastructure, ensuring a robust supply chain for medicines and equipment, enhancing health information systems, and building a strong health workforce. Resilient health systems are better able to respond to crises and maintain essential services.

o **Ensure global health financing better aligns with population aging and rising rates of NCDs and disability**. Despite these trends, NCDs received only 1.6% of DAH in 2021, while analysis from 2019 shows 90% of DAH goes to people younger than 60, despite them facing the greatest burden of disease.

o **Sustain and grow donor funding and commitments** to complement domestic funding and Increase donor support for global health using ODA as well as innovative approaches to financing. Investment in the health of LMICs should not be reduced, especially with those grappling with serious economic crises , sinking in debts and struggling to repay loans.

GHIs strengthen alignment behind the objective of financial and programmatic sustainability. They support movement towards increased domestic spending on health, and ensure gradual, coherent transition from GHIs and other external support, with the roles of different partners evolving over time.

CSO and Community priorities

o Prioritize building financial resilience within health systems through **innovative funding mechanisms, such as public-private partnerships and health bonds**, to reduce over dependence on external funding.

o Mobilize domestic resources by **advocating for increased government budget allocations for health, improving tax collection systems, and exploring alternative financing** options like community-based health insurance schemes.

o **Enhance financial management and accountability in health spending** to ensure that funds are used efficiently and effectively. This includes capacity building for local health administrators in financial planning and management, and establishing transparent reporting systems.

o Advocate for **policy reforms that create an enabling environment for sustainable health financing**. This involves engaging with policymakers to prioritize health in national agendas and supporting legislation that encourages domestic investment in health.

o **Define the financing model based on the merger of state and private health financiers or payer**s present to guarantee national and jurisdictional Basic Health Coverage to all regional populations, through funds provided by workers, employers and taxpayers of public services. This implies a central and jurisdictional government committed to carrying out tax and labor reforms that combat informal work, to ensure the economic and financial sustainability of the system, as well as guaranteeing management control that prevents corrupt practices and deviations from planning. strategic health.

o **Focus on meeting the Abuja Declaration** that African governments should set aside 15% of their national budget towards health care.

o **Addressing debt relief and economic development needs** to enable countries to invest more in health.

o **Plan for a gradual transition from external support** while scaling up domestic funding.

o **Engage various stakeholders to support evolving roles and shared responsibilities** in health financing and implementation.

o Commit to action to address tax, trade and debt injustice to drive greater public financing for health in LMICs

o **Implementation of national health insurance** for old age, disability and rare and high-cost diseases.

o Advocate for **policies that align with national health priorities and sustainability goals** and support initiatives that increase domestic health spending while enhancing local capacities for financial management and service delivery.

o   In order to play a catalytic role towards sustainable, domestically financed health services and public health functions, **GHI's must allow for a proportion of their funding spent at the discretion and autonomy of the recipient country.** This allows countries to fund their own healthcare priorities. GHI's should also encourage the use of regional or continental pooled procurement mechanisms for health commodities to ensure affordability, especially for disease programmes that are close to elimination where the costs of commodities could become unsustainable on a per patient basis.

Shift 3: Strengthen joint approaches for achieving equity in health outcomes

GHIs adopt joint approaches to support, expand and complement the reach of public and private sector providers, including community-led organizations, deploying coordinated and targeted programming to reach the most vulnerable and marginalized, and supporting integrated services for unreached communities.

CSO and Community priorities

o   Implement **targeted interventions for vulnerable populations**. This involves identifying and prioritizing health programs for the most vulnerable groups, such as women, children, the elderly, and people with disabilities, ensuring that services are accessible, affordable, and culturally appropriate.

o   Addressing **social determinants of health** by advocating for policies that tackle issues like poverty, education, housing, and employment. This requires multi-sectoral collaboration between health ministries, other government sectors, NGOs, and private partners to create comprehensive strategies.

o   Reducing geographic disparities in health access and outcomes by **ensuring equitable allocation of health resources to rural and remote areas**. This includes building and maintaining health infrastructure, providing essential medicines, and deploying skilled health workers in these areas.

o   **Advocate for inclusive health policies and accountability mechanisms** to ensure that health systems are fair and transparent, promoting equal access to quality health services for all.

o   Provide **capacity building for local health workers, community leaders, and civil society** organizations. Providing training and empowering these stakeholders will enable them to advocate for and implement equitable health interventions effectively.

o   GHI's should **utilise existing platforms to support, expand and complement** their **reach**. Where they exist, they need to be leveraged. NTD programmes are an example of this as they are often already well established in harder to reach areas. It is also important that GHI's reach those most in need by suffering discrimination and those in the poorest communities. GHI's accessing these groups through existing organisations could prove imperative.

- **Strengthen community health systems** as CHWs and peer educators are respected members of the community, and they can raise awareness about key health issues. This was evident COVID-19 pandemic, women community health workers (CHW) and peer educators proved to play a crucial role in making services more accessible to the communities, for example, by providing HIV testing services and counseling and reaching vulnerable populations that might otherwise have been overlooked.
- **Collect gender-specific data to inform health responses**, understand the differentiated impacts of crises on women and girls, and adjust and implement gender-transformative actions accordingly.
- **Facilitate partnerships among public and private sector providers,** including community-led organizations, to leverage their strengths and resources.
- **Implement coordinated and targeted programming to reach the most vulnerable and marginalized** populations.
- **Ensure that integrated health services are availabl**e for unreached communities, addressing various health needs in a comprehensive manner.
- **Enhance the capacity and reach of existing health programs** to ensure broader access to essential health services.
- **Engage community-led organizations** in planning and implementation to ensure that services are culturally appropriate and meet local needs.
- **Leave no one behind should be the guiding principle**
- **Mainstream the needs and rights of older people within action on health equity at all levels**, recognising that they are among those with the greatest need for health and care services, but often furthest behind in accessing them. For example of the more than 1 billion people experiencing catastrophic health costs each year, older households are most at risk.

Shift 4: Improve efficiencies and reduce transaction costs on countries

Core governance and operating models of GHIs evolve to ensure structures and processes impose a minimal burden on countries, offer improved efficiency at scale, and are continually responsive to the needs and voices of countries, communities and civil society.

CSO and Community priorities

- Improve efficiencies and reduce transaction costs in health systems through several key strategies, including:
  - **Streamlining health program processes** is essential to minimize bureaucracy and administrative burdens. This can be achieved by standardizing reporting requirements and

harmonizing data collection methods across different health initiatives to ensure consistency and reduce duplication of efforts.

- **Promoting the use of technology and digital health solutions** can enhance efficiency in health service delivery. Implementing electronic health records, telemedicine, and mobile health applications can improve data management, patient tracking, and access to health services, especially in remote areas.

- **Fostering coordination among various health stakeholders**, including government agencies, non-governmental organizations, and international donors, is crucial. **Establishing platforms for regular communication and collaboration** can help align efforts, share resources, and avoid overlapping activities.

- **Building for health workers and administrators** is vital to ensure that they are equipped with the skills and knowledge to implement efficient practices. This includes training in project management, financial planning, and the use of digital tools.

o **Involve civil organization in management and delivery** of the health sector to reduce cost and improve transparency.

o Focus on **health promotion and disease prevention through an extensive network of outpatient provider establishments** that provide jurisdictional PHC, based on basic coverage of universal benefits according to health priorities and regional characteristics.

o **Establish control, audit and quality evaluation systems in the structure, management and control processes** of financiers and clinical care services in a context of continuous improvement of the health system, which allow finding efficiency of spending, evaluations of cost/effectiveness and minimization of system healthcare errors.

o GHI's should utilise existing platforms to support, expand and complement their reach. Where they exist, they need to be leveraged. NTD programmes are an example of this as they are often already well established in harder to reach areas. It is also important that GHI's reach those most in need by suffering discrimination and those in the poorest communities. GHI's accessing these groups through existing organisations could prove imperative.

o GHI's should try to use the country's existing WHO reporting mechanisms to get data on their programme's effectiveness, opposed to requesting a separate reporting framework. GHIs should also increase their financial support for data gathering, especially when establishing baselines for health metrics.

o Governments should **extend subsidies to FBO health facilities** that are often in remote places to extend services to hard-to-reach communities

GHIs coordinate and play an active role to ensure that 'fit for purpose' quality health products are developed and manufactured for underserved regions, promoting accelerated and affordable access, quality and sustainability as well as sufficient demand.

CSO and Community priorities

o **Foster partnerships between governments, private sector entities, and research institutions** to drive innovation in health products and technologies. This includes promoting joint ventures and collaborative research initiatives that leverage the strengths of each sector.

o **Support the development of regional manufacturing capacities for essential medicines, vaccines, and medical device**s to reduce cost, reduce dependency on international supply chains, improve supply chain efficiency, and enhance accessibility to critical health products. This involves advocating for investments in local production facilities, capacity building for local manufacturers, and the creation of regulatory frameworks that facilitate quality assurance and market entry.

o **Support Africa CDC and the African Medicines Agency with their advocacy for the local production of health products**. Where available GHI's should have policies in place to encourage local procurement and encourage the development of pulled procurement mechanisms.

o Thiscritical but it needs a **regional approach and market shaping** for products to avoid competition and wastage.

o **Invest in local capacity building,** including training and infrastructure development, to support sustainable manufacturing and R&D

o **Promote open access to research findings and data** to accelerate the development of new health solutions. Encouraging the use of open-source platforms and knowledge-sharing networks will enable researchers and developers to build on existing work and avoid duplicative efforts.

o **Address policy barriers that hinder the efficient production and distribution of health products.** This includes advocating for the removal of tariffs and trade restrictions on medical supplies, as well as supporting policies that incentivize local innovation and production.

o **Conduct thorough assessments to identify the specific health needs of underserved regions**, ensuring that R&D efforts are aligned with these needs. **Engaging these communities in the design and implementation of health solutions** will help ensure that products are culturally appropriate, accessible, and affordable.

o **Create incentives and supporting policies to stimulate demand** and ensure affordability and availability of health products.

o **Ensure approaches to products, R&D and regional manufacturing embed equity and human rights** at the centre, directly responding to communities with the greatest need.

o **Ensure adherence to international quality standards** to guarantee the safety and efficacy of health products.

- Streamline regulatory processes across regions to expedite the approval and distribution of health products.