



INCLUSIVITY FOR ADVANCING UNIVERSAL HEALTH COVERAGE POLICY DIALOGUE A COMPENDIUM OF RESOURCES

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Authors: Hashim Hounkpatin, CERRHUD, Orokia Sory, RESADE, Cheickna Toure, R4D

Before using this compendium

What is the purpose of this compendium?

This compendium presents a set of products and tools on policy dialogue inclusivity that were developed through the African Collaborative for Health Financing Solutions (ACS) project. The contents are the results of five years of ACS work in different sub-Saharan African (SSA) settings with key players driving universal health coverage (UHC) policy dialogues. By developing this compendium, we aim to promote inclusiveness of processes that take place in SSA health systems to advance towards UHC.

In this compendium, we provide the reader with a compilation of contextualized resources that are useful to design, implement, and assess an inclusive policy dialogue for UHC.

The reader should gain an understanding of the ACS project's approaches to policy dialogue inclusiveness and the rationale behind the development of each tool. Moreover, there are links provided to enable the reader to easily access each resource.

Who should use this compendium?

The compendium is designed (with and) for stakeholders involved in UHC policies and processes in SSA such as policymakers, policy implementers, public and private health service providers, civil society organizations actors, academics/researchers who are interested in conducting and/or generating knowledge around inclusive policy dialogues.

How should one use this compendium?

This compendium is structured in three sections:

- The first section “**Understanding policy dialogue inclusivity**” shows some key concepts relating to policy dialogue inclusivity. It highlights the objectives and importance of having inclusive policy dialogue to achieve UHC.
- In the second section “**ACS-supported inclusion activities**”, the reader will see the different knowledge generation and capacity strengthening activities that have been undertaken by the ACS project to understand policy dialogue platforms/forums, their functioning, and areas for improvement to enhance inclusiveness.

- The third section “**Application and lessons learned**” presents the lessons learned from ACS’ experience of support to inclusive policy dialogue platforms or forums in its implementation countries.

For supporting policy dialogue inclusivity, you may utilize each of the above-mentioned resources independently, depending on your objective. We recommend that you click on the map below or browse the table of contents for the section or specific product or tool of interest. After reading the brief presentation of each resource, you can access the full version by following the specific link provided.

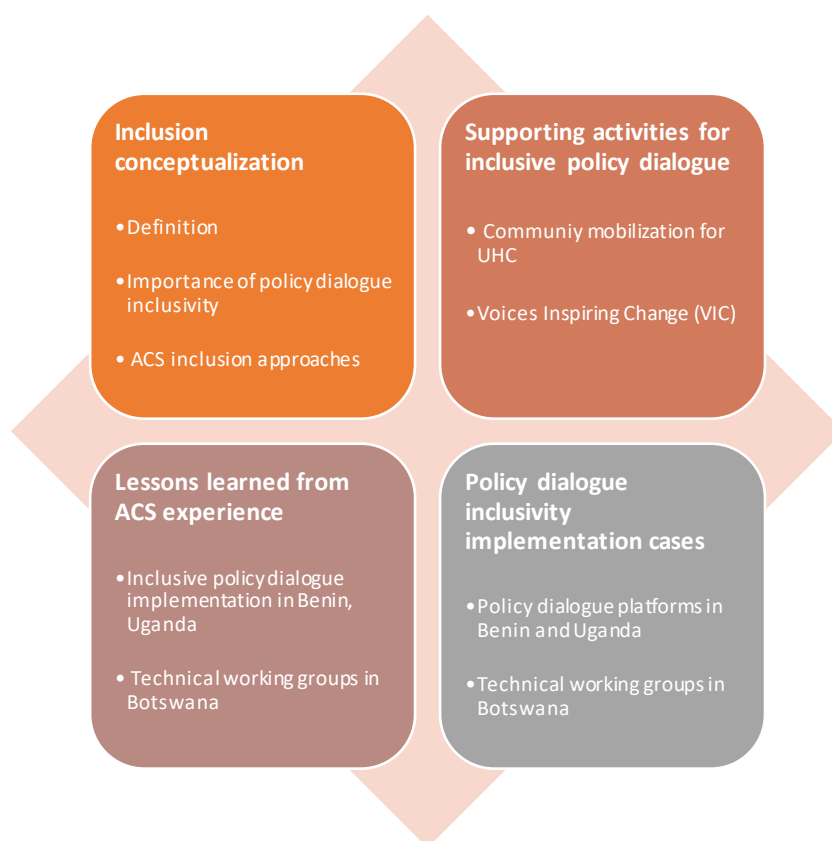


Figure 1: Mapping of ACS policy dialogue inclusivity resources

When is it relevant to use this compendium?

The intention of developing this compendium is to help readers to know more about how to promote inclusion within UHC policy dialogues and how to improve it. Readers may adapt and use the various tools in their own context. Here are few situations in which these resources can be used:

- Voices Inspiring Change (VIC) are stimulating stories that tell individual experiences to catalyze a country’s UHC journey. They bear witness the power of engaging the full range of stakeholders from diverse sectors and of leveraging the richness of their various backgrounds, perspectives, and insights to achieve quality affordable people-centered care for all. VIC stories can be used as advocacy materials to raise awareness and convince decision-makers to make deliberate efforts on policy dialogue inclusivity.
- The policy dialogue platforms inclusiveness study report describes the functioning of policy dialogue forums while identifying often left-out actors who should be targeted for more inclusiveness. The study report also formulates recommendations to increase policy dialogue inclusivity in different settings. This report can be used to articulate the different dimensions of inclusivity to improve the quality and efficacy of policy dialogue for UHC.
- The study protocols included are generic tools that can structure an inclusivity assessment effort. They can be used to document policy dialogue platforms’ characteristics, mandates,

functions, approaches that are used to empower, engage, and maintain productive participation. By customizing and using these protocols to assess policy dialogue forums' inclusiveness, countries can identify potential action points.

- Finally, lessons learned from ACS experience supporting inclusive policy dialogue in Benin, Botswana, Burkina, Namibia, and Uganda can serve as valuable considerations to inform an inclusion strategy.

People to contact

We would like to receive your feedback and comments on these products and tools, as well as on policy dialogue inclusivity more broadly. Should you need further clarification, please contact one of ACS team or partner members through the addresses below:

- Jean-Paul Dossou: jdossou@cerrhud.org
- Kéfilath Bello: kbello@cerrhud.org
- Hashim Hounkpatin: hhounkpatin@cerrhud.org
- Orokia Sory: osory@resade.org
- Yamba Kafando: ykafando@resade.org
- Allison Kelley: akelley@r4d.org
- Cheickna Touré: ctoure@r4d.org
- Conrad Tonoukouen: ctonoukouen@r4d.org

Section I: Understanding policy dialogue inclusivity

Defining inclusivity

The political will to pursue UHC in sub-Saharan Africa has reached unprecedented levels. An increasing number of countries in the region have committed to working toward this goal, with some establishing health financing strategies and/or implementation plans for advancing UHC. However, most of these countries are encountering obstacles to implementing health financing policies that can improve coverage, expand access, and support financial protection. They set up policy dialogue platforms or forums to engage various vested interests within health systems to collectively find pertinent solutions to deal with such obstacles.

Inclusivity here means involving all stakeholders around a question of common interest, guaranteeing a safe and democratic space for participants to engage and express their views so that they are both co-designers and co-decision-makers. Stakeholder inclusion aims to ensure that everyone's voice counts.

Importance of policy dialogue inclusivity

It is well recognized that each country's journey to achieving UHC must be flexible, adaptive, and sensitive to local political, economic and policy priorities, and have achievable solutions to overcome key obstacles. Progress toward UHC thus requires policy dialogue, in the form of structured processes that gather a wide range of stakeholders to contribute to the development and implementation of policy changes through evidence-based discussions, workshops, and/or consultations. The process of developing country-specific solutions must include all key in-country stakeholders if the solutions are to be relevant and sustainable. This ensures that UHC policies, strategies, and activities are grounded in the diverse needs of the population and consider the views of all actively engaged parties. A variety of perspectives not only contributes to the richness of policy dialogue, but it also can help to align opposed or even contradictory views to advance common UHC goals and contribute to homegrown solutions that are technically valid, politically feasible, and socially acceptable. Therefore, UHC goals will be achieved sooner if countries draw on local expertise and foster inclusive policy dialogue.

The African Collaborative for Health Financing Solutions' (ACS) approaches for improving inclusion

During its first year, the ACS project initiated a vast consultation in several countries including Burkina Faso, Nigeria, Senegal, Tanzania, and Uganda to identify priority challenges and key areas around which to structure its support. One of the main obstacles identified to the advancement of UHC across the countries was that the participation of community members, academics, the private sector, and stakeholders from other ministries in UHC-related platforms was ineffective, limiting the contributions of different actors. There was limited evidence on how best to promote more inclusiveness in UHC dialogue processes in sub-Saharan African countries.

Therefore, ACS country teams identified "champions" within UHC ecosystems who had the capacity to communicate powerful insights to mobilize stakeholders and to advocate for UHC. ACS promoted the visibility of those champions through stories that spotlighted their part in the journey towards UHC in their country. Furthermore, ACS provided tailored support to select champions to strengthen their capacity to bring their insights forward effectively.

Section 2: ACS-supported inclusion activities

ACS used different approaches to foster inclusivity efforts in its implementing countries. This section describes the different inclusivity activities that have been supported by the project, as well as the products and tools derived from each of these activities.

Analysis of policy dialogue platforms' inclusiveness in Burkina Faso and Benin

ACS carried out a multi-country study that analyzed the functioning of policy dialogue platforms at central, regional, and peripheral levels. The study catalogued 15 policy dialogue platforms in Burkina Faso and 8 in Benin. It identified the legal provisions that established the different forums, conveners and parties represented, the forums' policy mandates or attributions, frequently discussed topics, monitoring, and evaluation systems put in place to enforce recommendations and funding mechanisms that supported the platforms' functioning.

The study described the variety of stakeholders represented in policy dialogues, as well as the level of actual participation in decision-making. It also investigated the perceptions of policy makers on stakeholders' contributions and sense of inclusion in policy dialogues.

Finally, the study pointed out policy forum functions that need to be strengthened to ensure empowerment and full expression of all participants, provided recommendations for enhanced planning and conducting of meetings, and highlighted adjustments needed in terms of funding mechanisms for meaningful and sustainable inclusive participation in UHC policy dialogues. The full report of Burkina's UHC policy dialogue platforms' inclusiveness is available [here](#) and Benin report [here](#).

Social mobilization for UHC in Burkina Faso

ACS supported the development of a social movement for UHC in Burkina Faso that began by mobilizing communities to fight COVID-19. The movement established sub-national citizen watch committees, which were later incorporated into the national COVID-19 response system at both regional and national levels. Additionally, the social movement for UHC participated actively in the development of the national health development plan 2021-2030. The network of civil society umbrella organizations – Health democracy and citizen engagement *DES-ICI* – that housed the social movement played a critical advocacy role towards national health authorities and donors to ensure its integration into the UHC policy dialogue in Burkina Faso.

Capacity strengthening was another important aspect of the social movement for UHC. The movement's organizers conducted a series of knowledge transfer activities for leaders of communities and civil society organizations (CSO) to overcome structural bottlenecks hampering progress towards UHC in Burkina Faso. This support sparked conversations and encouraged their engagement with researchers, and traditional communicators who collectively developed grassroots messages to mobilize their communities to demand UHC as a right and to hold public authorities accountable for its provision. Moreover, these skill transfer sessions prepared community leaders to participate in social accountability activities and engage with policymakers through interactive debates, webinars, and public conferences to bring citizen viewpoints to UHC policies. The social movement implementation progress report is accessible [here](#).

Voices Inspiring Change (VIC) initiative

VIC is a campaign designed to feature lesser heard voices from the full range of UHC stakeholders, to amplify their stories to bring in their knowledge and contributions to their country's journey towards UHC. Targeted stakeholders are champions of UHC who bring unique yet essential knowledge of the health system, and especially of the needs of diverse populations. Including such voices contributes to better, more effective, and equitable UHC strategies.

Throughout its implementation, ACS identified UHC champions in Benin, Botswana, Burkina Faso, Namibia, and Uganda and captured their stories. They were senior officials from the Prime Minister's office, from the Ministry of Health, from governmental agencies, municipalities or townships, officials working for donors, CSO leaders, patient association members, private sector representatives, youth activists, adolescents' or women's networks, faith-based providers, musicians, artists, and so forth.

Channels for disseminating these stories and knowledge were newsletters, emails, and social media (WhatsApp, Twitter, YouTube, and Instagram). Some of the themes addressed included the importance of involving young people in the UHC process, the difficulties of access to health care and services for vulnerable and specific groups (women and LGBT), gender equality and accountability. ACS published stories are accessible [here](#).

Section 3: Application & Lessons learned

Application

ACS supported country stakeholders to design or reshuffle inclusive policy dialogue forums in Benin, Botswana, and Uganda.

Widening multisectoral policy dialogue in Uganda and Benin

In Uganda, ACS supported the formation of an inter-ministerial committee (IMC) tasked with the development of the national UHC roadmap. The IMC served as a policy dialogue platform bringing together the expertise of diverse stakeholders across different sectors to coordinate the development of the UHC roadmap. With ACS' facilitation support, the IMC integrated beneficiaries' needs through the voice of community representatives, such as the Uganda National Health Consumer Organization (UNHCO), and the roadmap served as a reference document for the private sector policy document for multi-sectoral inclusion in the national COVID-19 response.

In Benin, ACS supported the creation of the Health Insurance (AM-ARCH) consultative committee, a national-level policy dialogue platform that included technicians, providers, community-based health insurance representatives, and health district managers. ACS facilitated the functioning of the committee under the leadership of the National Social Protection Agency – the policy dialogue convener. Given the potential of private providers to deliver the AM-ARCH benefits package, ACS advocated for inclusion of the Benin Private Healthcare Sector Platform. Therefore, an amendment was made to the consultation committee's composition after one year to build a more structured Public-Private partnership for the health insurance roll-out in Benin. ACS also supported an evidence synthesis to inform the consultative committee's conversations around the most effective private provider engagement modalities for service delivery in SSA. Finally, ACS provided legal assistance to the consultative committee which resulted in the institutionalization of the AM-ARCH policy dialogue.

Broadening technical working groups and health sector dialogue platform in Botswana

ACS provided technical support to the Government of Botswana to re-activate the sustainable health financing technical working group and the health sector partners forum. Part of the reactivation was concerned with broadening stakeholder participation. ACS facilitated the technical working group's expansion to include all relevant stakeholder groups. Furthermore, ACS developed concept note, terms of reference and reviewed the membership composition to ensure inclusion of all targeted new actors for the health sector partners forum that brings together stakeholders from civil society, the private sector, human rights defenders, and sectoral agencies of other ministries.

Leveraging its facilitation role for the technical working group, ACS made it possible to strengthen communication and collaboration between the planning units of the Ministry of Health and Wellness and the National AIDS and Health Promotion Agency, leading to further planning, alignment and coordination in working relations. In addition, the capacity building targeted to actors from the private sector and from civil society improved their participation in the dialogue on sustainable financing for UHC.

Lessons learned

The following lessons emerged from the ACS experience in supporting inclusive policy dialogue.

- There are many talented people whose experience contributes daily to bringing about accessible and affordable health care services for their fellow citizens. Their contribution to UHC is invaluable. Raising their voices and engaging them in policy dialogue is a practical manner to ensure there is a direct relationship between health policies and the experience and expectations of the people using the health system - a path for people-centered health delivery.
- Inclusion is not fully achieved through participation alone. There is need for policy dialogue organizers to make deliberate efforts to empower legitimate left-out stakeholders so they can voice their viewpoints. Organizers should establish institutional arrangements, regulations for

policy dialogue forums that ensure that all perspectives are taken into consideration in the decision-making process. Collective actions and mutual accountability among policy dialogue participants must be explicit and codified.

- Engaging a large range of stakeholders may make decision-making more complex. Policy dialogue organizers may undertake stakeholder analysis to help determine who should participate in actual decision-making as opposed to those who should be kept informed of decisions made.
- Facilitation is essential for multipartite dialogue; it helps with productive exchanges among policy dialogue participants by providing everyone equal opportunity to be heard and by helping to align opposed or even contradictory views to advance common UHC goals.

To access the full ACS production around inclusive policy dialogue, please follow this link <https://r4d.org/acs-making-uhc-dialogue-more-inclusive/>.

Resources

- [Making UHC Dialogue More Inclusive: Institutionalizing Multisectoral Policy Dialogue](#)
- [Voices Inspiring change](#)
- [Terms of reference for policy dialogue facilitation](#)
- [Evidence integration into UHC Policy Dialogue and Decision-Making](#)
- [Practical guide to conducting a literature review](#)
- [Practical guide to developing a policy brief](#)
- [Burkina Social movement for UHC implementation progress report](#)
- [Burkina UHC policy dialogue platforms inclusiveness report](#)
- [Benin UHC policy dialogue platforms inclusiveness report](#)



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