INTERSECTORAL COLLABORATION FOR HEALTH IN UGANDA: Pathway to accelerated achievement of SDGs

A Report By

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AFRICAN CENTRE FOR GLOBAL HEALTH AND SOCIAL TRANSFORMATION (ACHEST)

2019

Acknowledgements

The African Centre for Global Health and Social Transformation (ACHEST) is grateful to the Ministry of Foreign Affairs (MOFA) of the government of the Netherlands for supporting this study which was part of the Health Systems Advocacy Partnership (HSAP) Project in Uganda.

Appreciation is extended to the National Planning Authority (NPA), the Ministry of Health HQ, and other Ministries, Departments and Agencies (MDAs) for accepting to be part of this study. The political and administrative leadership; as well as the District Health Officers in the Districts of Lira, Luwero, Masindi and Ngora, were forthright with their views and we thank them for their cooperation during the field work. The National Council of Science and Technology (NCST) and Uganda National Health Research Organization (UNRO) approved the study. We are grateful to Makerere University School of Social Sciences Research Ethics Committee for ethical review and clearance.

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Abbreviations/Acronyms

ACHEST	African Centre For Global Health and Social Transformation
CNDPF	Comprehensive National Development Planning Framework
CSOs	Civil Society Organizations
GAPR	Government Annual Performance Report
ISC	Intersectoral Collaboration
LGDPS	Local Government Development Plans
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
MoFA	Ministry of Foreign Affairs
MoFPED	Ministry of Finance, Planning, and Economic Development
MoLG	Ministry of Local Government
MoPs	Ministry of Public Service
NDP	National Development Plan
NEMA	National Environmental Management Authority
NPA	National Planning Authority
OPM	Office of The Prime Minister
PCC	Policy Coordination Committee
SD	Sustainable Development
SDGs	Sustainable Development Goals
SDPs	Sector Development Plans
TWAGs	Technical Working Groups
UBOS	Uganda Bureau of Statistics
UNDP	United Nations Development Program
SRHR	Sexually Reproductive Health and Rights
SWAps	Sector Wide Aproaches

EXECUTIVE SUMMARY

The current Health Sector Strategic Investment Plan (HSSIP) II in Uganda acknowledges the need for a national compact and multi-sector action. However, practical steps for its achievement are not well articulated. To contribute to national level debate on the role of Inter-Sectoral Collaboration (ISC), the African Centre for Global Health and Social Transformation (ACHEST) undertook a study to assess the status of ISC in achieving Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs) in Uganda, with special emphasis on Sexual, Reproductive Health and Rights (SRHR).

The study was undertaken in the period November 2018 to April 2019. The Methodology of the study involved: desk document review of available literature on Uganda Local Government structures, UHC, SDGs and SRHR; key informant interviews, focused group discussions and use of structured questionnaires administered to key leaders at national, district and sub-district levels. The study covered governance and policy structures involved in implementation of programs for SRHR and achievement of SDGs at national level and in four selected districts of Lira, Luwero, Masindi and Ngora. In addition, the study also included interactions with selected CSOs and development partners. Data was analyzed qualitatively using patterns, themes and codes which were generated from the study objectives.

Study findings revealed that SDGs are fully integrated into the National Development Plan (NDP) II and implementation structures are in place. The National Planning Authority (NPA) has a clear SDG implementation Framework coordinated by the Office of the Prime Minister. However, there is limited implementation of this Framework due to sector budgeting and implementation arrangements which are in silos. For a long time, the operationalization of the NDPs into Programs and Budgets has not changed. Instead, the mandates and structures of Government ministries have remained static in silos since independence. Transition towards ISC in line with SDGs framework has not been implemented. A mind-set change in the public service, as well as the political will to transform current implementation modalities within ministries from silos mode to a more desirable Inter-sectoral collaboration approach is needed

Decentralization laws in Uganda delegate implementation of government programs to the Districts which serve as a converging point for ISC. The study found that structures for ISC are in place at the District Local Government level. These include District Councils, Chairpersons, Chief Administrative Officers and District Planning Committees. This arrangement is repeated at Sub district level with Sub-County and Parish councils and administrative structures. It is at the District level that practical ISC should manifest itself in terms of better services delivery to the people through coordinated programs and operations. Although there is evidence of joint planning, nearly all Government program at this level are still being implemented in silos.

The linkages and collaboration required from the non-health sectors were found to be weak across all levels. Health engagement and accountability of non-health sectors was found to be sporadic and non-visible. For instance, other sectors perceive the issue of SRHR to be the sole responsivity of the health sector.

The study found evidence of erosion of social and cultural values which is affecting the upbringing of the young people. This erosion in social and cultural systems and other emerging negative issues require collaborative efforts across all sectors of society to mitigate their impact.

Following conclusion of the study, ACHEST conducted a consultative meeting with various stakeholders drawn from different Government Agencies (MDAs) like NPA, NPC, UBOS, MoH, District leaders, Community leaders, Development partners as well as policy makers. The call from these stakeholders was to test the feasibility of implementing ISC at community level for Integrated People Centered Primary Health Care (IPHC) through the “Whole of Society Approach” as the vehicle for accelerated achievement of UHC and SDGs in selected districts in Uganda with a view to fully scaling it up in the whole country.

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INTRODUCTION AND BACKGROUND

This report presents the results of a study undertaken by the African Centre for Global Health and Social Transformation (ACHEST), from November 2018 to April 2019. The study examined the status of inter-sectoral collaboration and partnerships in support of the efforts to achieve SDGs in Uganda. Key recommendations have been made for action by relevant stakeholders in and outside Government.

This work follows the findings of studies on the "status of implementation of health-related sustainable development goals in seven countries of Eastern and Southern Africa , which were undertaken by ACHEST and partners in 2017. These studies found that all countries have institutionalized and domesticated the SDGs Agenda in their national development plans. However, health was not always receiving priority in country SDGs implementation plans. To achieve SDGs, it was emphasized that new ways of working across sectors that break down current fragmented planning and implementation of Government programs are needed by various sectors at country level. The seven country studies recommended adoption of intersectoral collaboration (ISC) as a critical approach for attainment of UHC and SDGs.

The current study is a follow-up of the seven country studies and sought to establish the status of intersectoral collaboration (ISC) for Health in Uganda. Emphasis was placed on the implications for Sexual, Reproductive Health and Rights (SRHR).

Study Objectives

The study objectives were as follows:

1. To establish the current arrangements for inter-sectoral collaboration and partnerships for Health and SRHR in particular; with emphasis on answering the following specific questions:

    - Do the current arrangements and policy frameworks provide clear mandate for engaging with other sectors and stakeholders both within and outside government?
    - Do they establish clear governance structures and processes for achieving social goals on SRHR, UHC and SDGs?
    - Do they establish a framework for accountability that sets out the responsibilities of all parties for achieving SRHR, UHC and SDGs?
    - Do they define how progress is monitored and evaluated over time?

2. To evaluate implementation status of the arrangements for ISC, including planning, budgetary arrangements, management and administrative arrangements put in place to specifically integrate SRHR and health related SDGs in all sectors.

    - The study examined the operations of the Ministries of Finance and Planning, Gender, Labour and Social development, Public Service, Education, Health, Justice, Agriculture, Transport, and Local Government; as well as Government agencies like the National Planning Authority, Uganda Bureau of Statistics, and the Population Secretariat – to determine how they collaborate in operations on SRHR, UHC and SDGs.

The study looked at the operations of Parliament and District Local Councils with respect to strengthening inter-sectoral collaborations and partnership within government agencies, and with others in advancing SRHR and for attainment of SDGs.

METHODOLOGY

Study design

The study was undertaken using the following study techniques;

i. Literature review: This involved,

   a. Internet document search using Google scholars with the key terms like Uganda's progress towards achieving UHC and SDGs, Uganda's experience with intersectoral collaboration, performance of SRHR programs in Uganda, definition of UHC and intersectoral collaboration, and experience of intersectoral collaboration in Sub-Saharan Africa.
   b. Databases such government websites (MoH, Parliament, NPA, OPM and other sectors), UN websites, World Bank, CSOs including ACHEST, private sector and peer review journals (Lancet, BMJ, NEJM, etc.).

ii. Key informant interviews with individuals pragmatically sampled from institutions including, but not limited to MDAs, OPM, UBOS, NPA, Parliament, Ministries of Health, Planning, Public Service, Local Government, Education and Finance; and the Population Secretariat and District officials.

iii. Focus group discussions with selected government officials at ministry headquarters, district and sub-district levels.

iv. Pre-set open questionnaires were administered to key government officials at ministry headquarters, district and sub-district levels.

v. One national validation workshop involving key persons who participated in the study was conducted. The participants provided further inputs into the draft study report and necessary adjustments were made and incorporated.

STUDY FINDINGS

The study findings highlight key information extracted from the various study techniques employed.

Universal Health Coverage (UHC)

World Health Organization (WHO) definition of UHC states: "Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship" . Like the Alma Atta Declaration on Primary Health Care (PHC) and reaffirmed in Astana during the 40 years' anniversary of the PHC declaration, this is about people, country ownership and local resources, with the added benefit of better economics capacity and explicit financial organization of system(s).

Uganda has a robust health sector development plan that seeks to, among other goals, "accelerate movement towards Universal Health Coverage with Essential health and related services needed for promotion of a healthy and productive life"[2]. This is also encapsulated in the overall targets of the country's Vision 2040.

The country also has a health sector monitoring and supervision framework, and an elaborate and well spread health infrastructure at all levels of national and local government administration. However, Uganda still has a long way to go towards attaining UHC. For example, there has been a delay in the enactment of the national health insurance bill. The agenda for health system strengthening and resilience has been narrowed mainly to fixing the gaps at health centers to deliver treatment for the sick. A review of Uganda's preparedness for advancing UHC shows that fewer investments have gone to systems that promote good health at community level[3].

Inter-sectoral collaboration

In the health literature, the term Inter-sectoral collaboration frequently refers to the collective actions involving more than one specialized agency, performing different roles for a common purpose. The coordination of efforts of sectors as an essential requirement for ISC was highlighted in the 1978 Declaration of Alma Ata, Article VII[4] and reaffirmed in Astana during the 40 years' anniversary of the PHC declaration.

(PHC) involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors[5].

In Uganda, various health policy documents clearly refer to the need to strengthen ISC as a way of achieving UHC and other health related goals. The government has also put in place structures, systems and mechanisms required to re-enforce the deployment of the ISC mechanisms for enhancing the attainment of SDGs. However, despite the core place that ISC occupies in the implementation of UHC, this strategy is not yet widely utilized in Uganda. That notwithstanding, opportunities exist to use this strategy to achieve health outcomes. For example, the government of Uganda has in place the National Policy Guidelines, Frameworks and Service Standards for the provision of Reproductive Health Services to its population. These policies include the National Sexuality Education Framework 2018, the National Youth Policy; the National Policy on Young People and HIV/AIDS; Sexual and Reproductive Health Minimum Package, Affirmative Action Policy, minimum age of sexual consent policy, and universal primary education statute[6].

Government has also established a functional Division of Reproductive Health in the Ministry of Health headquarters headed by a Commissioner. The Division guides planning, standardization,

implementation and monitoring and evaluation of reproductive health services provided by the government, non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), private for-profit sectors and communities in Uganda.

In addition, government put in place a Safe Motherhood Program to address the persisting sexual and reproductive health challenges. The Program was developed "to ensure that no woman or newborn dies or incurs injuries due to pregnancy and/or childbirth.

Experiences from Elsewhere

The SDGs are by design interlinked and inseparable. It therefore follows that the best way to realize this goal is through multi-sectoral collaboration. In a series of 12 country case studies[7], four key lessons were learnt on multisectoral collaboration. First, multisectoral collaboration has relevance across diverse geographical, economic, social, cultural, and historical contexts, and—crucially—the modalities employed are remarkably similar across settings. Second, the case studies show the dynamic and evolving nature of multisectoral collaboration. Stakeholders and their engagement change across different components and periods, highlighting the importance of realistic time frames, diverse evidence and ideas, and of "learning and adapting while doing" to yield transformative results. Third, multisectoral collaboration is a managed process in response to a challenge or opportunity, aimed at disrupting "business as usual" arrangements and replacing these with intentional, innovative actions framed in a way that multiple sectors can contribute. Fourth, these "real world" examples of multisectoral collaboration, many taken to national scale, allow governments and development partners to learn from each other and so target investments to catalyze transformative change

On the African continent, Zambia is one of the forerunners that embraced the decentralization policy. The country undertook several cycles of national strategic planning. Because of too many designated priority sectors in these plans, resources were thinly spread across priority sectors and had minimal impact. This was compounded by weak inter-sectoral coordination and program linkages leading to poor implementation sequencing and, ultimately, waste of resources.

Arrangements in place for Intersectoral Collaboration

Findings from this study revealed that inter-sectoral collaboration is documented in the various legal and regulatory frameworks as well as in the various strategies for implementation of government programs. For example, a major achievement towards sustainable development in Uganda, is the ongoing implementation of the SDG Coordination Framework with the objective to ensure a coherent, consistent and seamless implementation process. The Framework spells out clear mandates for planning, reporting, monitoring, resource mobilization, communication, advocacy and decision-making for the attainment of SDGs anchored within existing national coordination structures. However, it was evident that their funding, coordination and support is insufficient; therefore, compromising implementation efforts.

The study further established that the level of commitment of Uganda towards the attainment of the 2030 SDG Agenda is high and this is demonstrated by the structures and frameworks that the study found in place. National capacity to formulate and implement development policies, plans and programs are being enhanced through incorporation into relevant national development plans. For instance, Uganda has a long term Comprehensive National Development Planning Framework (CNDPF) whose continued implementation inevitably provides a context within which to localize the 2030 Agenda. The CNDPF provides for the development of the 20-year Vision, two 10-year Perspective Plans, four five-year Development Plans, five Sector Development Plans and Local Government Development Plans and annual plans and budgets. To date, the country has already developed the Uganda Vision 2040 and the first and second National Development Plans[8].

Opportunities to facilitate inter-sectoral collaboration for health among government sectors are outlined in Table 1 below.

Table 1: Opportunities to facilitate ISC for health among government sectors

Level	Opportunities
National level	• The National Planning Authority • Office of the prime minister (SDG units) • Inter-ministerial committees (MDAs, Cabinet, Parliament, SDG Policy Coordination Committee, Sector TWGs, etc)
District level	• District planning officers (NPA structures at this lower level) • District Development offices • District technical planning committees • The planning process at District level is more integrated and bottom up

The launch of 2015 global development agenda 2030 was observed to coincide with the design of Uganda's second National Development Program. The overarching tool that is instrumental in the SDG monitoring is the National Coordination Policy, whose major role is to guide the coordination framework on SDGs, as well as other government programs. The Policy outlines the guiding framework for management of Government's coordination machinery to enhance public service delivery and effective implementation of national planning frameworks and programs. To support the Policy, there are a number of other policy mechanisms which were noted to contribute to the effective coordination of programs on SDG. These include:

a) Sector Wide Approaches to Planning

Sector Wide Approaches (SWAps) are defined as a sustained partnership, led by national authorities, involving different arms of government, groups in civil society, and one or more donor agencies, with the goal of achieving improvements in people's health. When well handled, it should contribute to national human development objectives in the context of a coherent sector, defined by an appropriate institutional structure and national financing programme through collaborative work.

SWAps was indeed a practical tool for health related intersectoral collaboration. It was implemented during the Poverty Eradication Action Plan (PEAP). The approach involves movement overtime under government leadership towards: broadening multi-sector policy dialogues within a single sector that addresses a common realistic expenditure program, a common monitoring arrangement, and coordinated procedures for funding and procurement . With full buy-in of partners, SWAps could be an ideal vehicle for accelerating ISC.

The SWAps program of the Ministry of Health has been replaced by new arrangements with less support for intersectoral actions for health.

Implementation Planning

Study findings indicate that Government has strengthened effective coordination of planning of various stakeholders, to respond to inter-linking and multi-sectoral nature of the SDGs by establishing various committees to support this process (e.g. SDG Policy Coordination Committees, Implementation. Steering Committees, National Task Force, and SDGs Technical Working Groups). As a result, a likely reduction in duplication of resources will be realized, leading to efficient and effective implementation of programs on SRHR and SDGs. Government also intends to rally multi-sectoral action plans or strategies, key implementing stakeholders and map out key milestones for the SDGs; although such commendable actions for implementation of cross-sector coordination are yet to be realized.

b) The SDG Coordination Framework

The study established that Uganda has demonstrated its commitment to embrace cross-sector coordination and planning of national development programs to support realization of SDGs by putting in place a number of political and technical committees. Table 2 shows the various SDG coordination committees that have been set up in the country, and their specific roles.

Table 2: SDG Coordination frameworks

Committee	Committee Role
SDG Policy Coordination Committee (SDG-PCC)	This comprises of members of Cabinet, Heads of UN Agencies, and Heads of Missions, chaired by the Prime Minister. This committee provides policy guidance and direction to MDAs on SDGs, and reviews implementation.
SDG Implementation Steering Committee (SDG-ISC)	This comprises of Permanent Secretaries, Heads of Agencies, and Development Partners, chaired by Head of Public Service and Secretary to Cabinet. The role of the Committee will review progress and make recommendations to the PCC.
SDG National Task Force (SDG-NTF)	This comprises of technical officers from OPM, MoFPED, MoFA, MoLG, NPA, UN, NGO Forum, and PSFU. The Committee is chaired by the Permanent Secretary in the OPM. The committee meets quarterly to review reports from Technical Working Groups for consideration by ISC.
SDGs Technical Working Groups (SDG-TWGs)	This is to engage various ministries as follows: Coordination, Monitoring, Evaluation and Reporting TWG led by the Office of the Prime Minister (OPM); Data TWG led by UBOS; Planning TWG led by NPA; Communication and Advocacy TWG led by OPM; and Finance TWG led by MoFPED.

These institutions have a strong backing from the current Executive. However, funding and follow-up of decisions made by various committees could be improved. Given the strategic mandates and clout these institutions hold, there are a number of opportunities to exploit for strengthening ISC. However, the study found weak and limited coodination of these structures. In particular, the study revealed that membership of the coodination structures exluded some important stakeholders frome the academia, CSOs and the private sector.

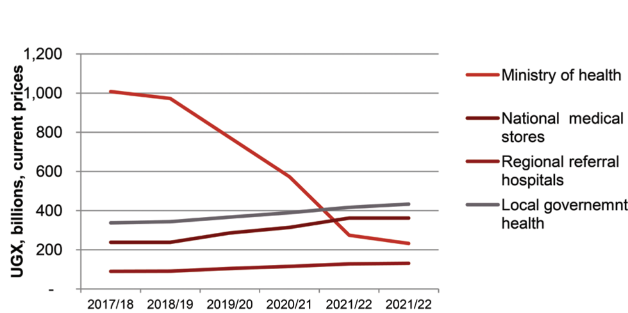
c) Uganda Health System

The Policy Frameworks for the Health sector were reviewed and found to be technically sound. The study also established that there are structures in place that could support ISC such as; HPAC, Aids Commission, Inter-Agency Committees, National Health Assembly, Joint Reviews etc. However, there is an implementation gap due to the declining per capita health expenditure, HRH management issues, inadequate supervision, quality assurance, and utilization of health information. There are also governance challenges at all levels.

Government resource allocation for health as a percentage of the total government budget has averaged at about 8% from 2010/11 to 2015/16, which is 1.8% short of the Health Sector Development Plan target of 9.8%. The country's per capita health expenditure at an average of US$56 is low compared with neighbors like Kenya (US$77) and Sudan (US$129)[10]. WHO recommends an average figure of $86 per capita expenditure on health[11]. It is also far below the five-year Health Sector Development Plan-recommended minimum of US$73 per capita in 2015/16[12].
The health sector was allocated UGX1, 824billion for 2017/18, which was 0.2% less than the 2016/17 allocation. Analysis of long-term financing projections also shows that health sector budget

allocation is on a downward trend from the current year into 2021/22 (see Figure 1)[13].

Figure 1: Declining projected allocations to the health sector



Source: Approved budget 2017/18 sub-programmes and medium-term expenditure framework

Other pertinent observations from literature review with respect to health sector expenditure in Uganda revealed that Government's renewed focus on health infrastructure development and construction of new buildings and equipment, especially for hospitals, has skewed financing for health facilities away from recurrent costs for utilities and maintenance. In addition, the study established that 50% of the current health budget relies heavily on donor support.

And while donor support to the health sector budget remains critical in addressing government's resource gaps, this very high proportion of external financing comes with challenges[14]. For instance, government cannot channel donor resources to finance key healthcare priorities like universal access to family planning, health infrastructure development and reduction of maternal, neonatal and child morbi dity and mortality. This dynamic, if not changed, could affect the less privileged people the most since they are worst affected by poor quality of service delivery.

The implications of the health sector expenditure pattern is that commensurate resource allocations and efforts to address challenges and constraints within public healthcare systems are needed to improve poor people's access to quality healthcare. In order to cut back on high prevalence of out-of-pocket health expenditure and people's preference of private providers, government should increase per capita healthcare spending.

In the MoH, awareness, structures and policies to support ISC exist, but implementation remains the challenge. In general, other sectors perceived implementation of health programs to be the sole responsibility of the health sector.

Figure 2: Dr. Charles Olaro, Commissioner of Clinical Services at the Ministry of Health making clarifications on the status of ISC in the Ministry.

d) Policy framework for SRHR

Findings from this study indicate that Uganda's RMNCAH sharpened plan is anchored on the Health Sector Development Plan (HSDP) 2015/16 – 2019/20. It thus contributes to the second National Development Plan (NDP II), the second National Health Policy (NHP II), and to the overall Uganda Vision 2040. The HSDP 2015/16 – 2019/20 prioritizes Maternal, Child and Newborn mortality reduction and recognizes that high mortality is not due to lack of appropriate policies and guidelines[15] in Uganda, but rather inadequate implementation. In addition, many stakeholders at national and district levels were found not to be knowledgeable about these laws and policies, partly explaining the limited implementation. Unequal access to services, and inadequate healthcare services between women and men exist and largely stem from unequal power relation which influences decision making for health in the household. Women still do not have full control of their own fertility, which is determined by their spouses and sociocultural norms and practices. Coverage and mortality disparities in residence, education level, age and poverty levels are markers of injustice in society as well as indicators of the weaknesses in capacity of the public health system to address the needs of the most vulnerable individuals in society.

Figure 3: RMNACH CSOs deliberating on the implementation of the RMNCAH sharpened plan

Governance structures and processes

As indicated already, Uganda has an adequate institutional framework to provide support for implementation of the policy, legal and planning frameworks for SRHR and SDGs. The main problem remains with weak coordination, and weak implementation of programs due to limited funding and governance of the central and decentralized health system.

SDG monitoring in Uganda is part of the National Policy on Public Sector Monitoring and Evaluation (2013) that guides the monitoring and evaluation of sectors, public policies, strategies, programs and projects managed by MDAs, Local Governments, parastatals and executing agencies in Uganda. The Policy is operationalized through the Results and Reporting Framework (RRF) for the NDPII. The Results and Reporting Framework (RRF) for the NDPII is a set of indicators that guides the collection, analysis and reporting of data and information needed to assess progress towards the realization of the NDPII development goals and objectives across all sectors[16].

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Operations of the Ministries and relevant agencies

Departments and Agencies (MDAs) implement programs on SDGs through their annual and longer-term plans. All MDAs have indicators for the specific SDG targets they contribute to through ongoing activities, and ensure that all plans, budgets and activities reflects relevant SDGs[17]. MDAs are the main producers of administrative data, and a key task by the MDAs is to produce data to inform national and local strategies and monitor progress. The data is collated by the Uganda Bureau of Statistics (UBOS) and feeds into national coordination processes.

In the sharpened plan for the implementation of RMNCAH activities[18], the MoH provides policies, guidelines, build capacity, monitor the health sector, and coordinates partners to support the decentralized levels in implementation. However, the responsibility for implementing some critical elements in the RMNCAH Sharpened Plan is beyond the ministry of health, but should include other relevant ministries, departments and agencies such as Ministry of Education and Sports, Ministry of Gender, Labour and Social Development, Ministry of Agriculture, Ministry of Local government and Ministry of Internal Affairs, development partners, civil society, community-based organizations, professional associations, faith-based organizations, voluntary agencies, and the private sector, amongst others.

The study found that the desirable engagement with other ministries and partners outside the health sector is not reflected in the health sector work plans. Instead, other sectors perceive the responsibility of implementing SRHR to be the role of MoH alone. Therefore, the ministry needs to play a lead role to bring all other sectors to support the intersectoral collaboration efforts for the implementation of SRHR programs for the attainment of SDGs.

The research team found no link between the cross-cutting issues and budget line items. The informants to the interviews identified the need to streamline issues into core sector activities, and to earmark resources for cross cutting issues. To this extent, NPA, OPM, Sectors and MDAs have a critical role to play.

The Role of Local Governments

The research teams found that local Governments (LGs) are key implementors of programs on SRHR and SDGs; and they were at the forefront of 2030 Agenda at the local level by addressing local challenges, defining priorities and solutions; as well as mobilizing communities to actively participate in the development process. Furthermore, LGs produce disaggregated data that feeds into the National Statistical System and thereby help identify those that are being left behind in the journey towards sustainable development. LGs are part of the SDG reporting structure, as information from the LGs feeds into the quarterly TWG progress reports, and bi-annual and annual reporting through the respective sector working groups (SWGs).

Figure 4: ACHEST research team having a discussion with the Chair LCIII Council at Bombo Sub-County, Luwero District

It was observed that structures for ISC are firmly in place at the LGs level. However, there was a challenge with the capacity of human resource at this level, lack of and poor dissemination of national policy documents; low budget allocations, and inability to translate and operationalize policy documents and put them into use.

It is at District level that real inter-sectoral collaboration should manifest itself in terms of better services delivery to the people through coordinated programs and operations. However, this is not the reality since funds for program implementation remain grossly inadequate.

Central government Policy and strategies are not reaching district and sub-district level, the breakdown of socio-cultural institutions is affecting the upbringing of young people. The planning process at District level is more integrated and bottom up. Furthermore, supportive supervision of district services by central ministries is not happening.

The Role of Parliament

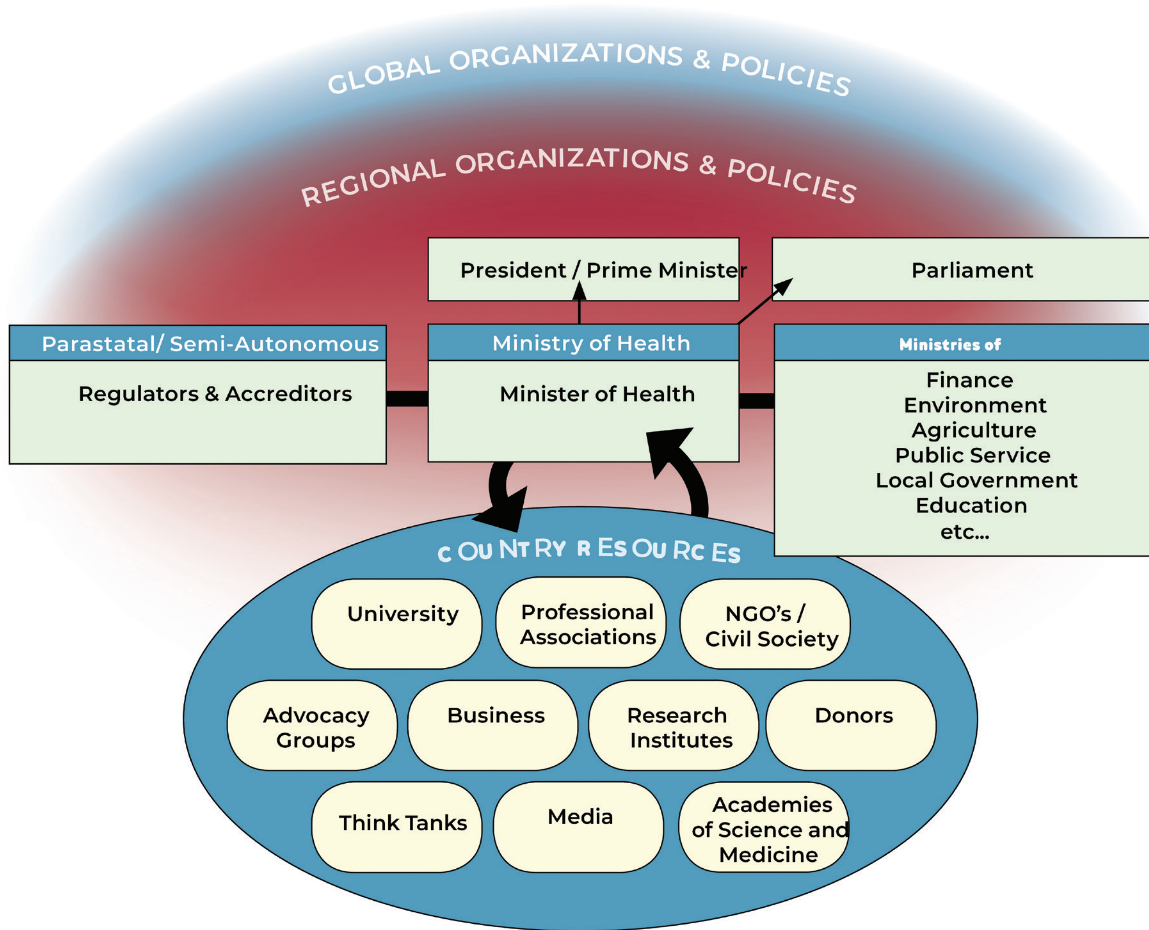
Parliament plays a significant role in formulating laws, and allocating resources and providing oversight in the implementation of national programs for the attainment of SRHR and SDGs. The study found that parliament has a strong and active advocacy and lobby committees in place on issues of SRHR, but these committees generally have limited influence on the behavior of sector ministries. There is also limited inter-sectoral collaboration across different committees of parliament. The role of parliament to legislate and appropriate budget which promotes intersectoral actions is not visible.

Figure 5: Dr. David Okello from ACHEST is part of the panel discussing findings of ISC study at the Network of African Parliamentary Committees of Health (NEAPACOH) meeting October, 2019

The Role of Non-State Actors

The work of non-state actors should be complementary to government initiatives, and aligned to national development priorities for the attainment of SRHR and SDGs. Civil society actors are instrumental for the delivery on SDGs through their outreach projects in communities, as change makers driving behavioral change, as watchdog and holding duty bearers responsible. Figure 6 shows the operating environment of the key health actors in Uganda.

Figure 6: Ministry of Health operating environment



Source: Strong ministries for strong health systems by Francis Omaswa and Jo Ivey Boufford

Figure 7: Professor Francis Omaswa and Dr. Patrick Kadama from ACHEST briefing the media about ISC

In addition to investing in the ministries themselves, it is important to invest in productive relationships between the ministry and the other organizations in the environment in which it operates. This is not limited to the MOH relationship with other ministries or governmental/ regulatory bodies in the country, but also includes academic, civil society, business, and philanthropic organizations, as well as the media. In addition, the ministry must work within the organizational and policy parameters of the regional and global environments.[19]

The structures for engagement of non-state actors including development partners, CSOs, private sector, philanthropic foundations, professional bodies and academic area available and in place. Non-state actors were found to run parallel programs at the district and community levels and quite often tap the government HRH for their programs. Because of better funding opportunities, some of these agencies were actively recruiting and diverting critical HRH for health from the public pool.

Perspectives of respondents from focused group discussions

As indicated already, the regulatory framework for inter-sectoral collaboration is in place across different ministries and at district levels. The research team found that planning and budgeting at the district level is done collectively, and seems comprehensively bottom-up.

> *"…There is a district plan and a sub-country plan which have multi-sector inputs…"* ***noted by DHO/Lira***

He further stated that,

> ***''…the Extended Technical Management Committee in the district is still very active. This platform brings the district technical teams together under one umbrella to plan, budget and deliberate on the operational programs in the district', said Lira District Speaker. He further elaborated as follows: 'Since issues of health affect us all, we formed inter-partner collaboration and this is very active in bringing all heads of departments within the district to deliberate on how issues/government programs should be handled in the district…".***

Figure 8: A team of District Leaders deliberating on ISC study findings

At the higher level there is the national planning authority, cabinet partners' engagement and other statutory bodies. However, implementation of programs and sector plans is done in silos. Funds release for program implementation are disbursed per sector, and each government department will selfishly guard their release. Silos approach is very strong at the upper level. At the decentralized level, there are more structures for inter-sectoral collaboration – including the district planning committee and the district management teams. At sub-national level, the Parish Chief is responsible for all activities in his/her parish.

On several occasions during the FGDs and the one-on-one interactions with respondents, they seem to perceive ISC as a project being introduced to their operations that would come with standalone budget provisions. One official from the Ministry of Public Service stated that.

> *"…the Secretariat has no budget for supporting inter-sectoral actions in the ministries…."* ***Stated an official from the National Planning Authority.***

Because of this situation, the development partners have taken advantage to implement projects of their own interest with little focus on the country's priorities.

Gender Based Violence, Defilement of Underage Girls and Teenage Pregnancy

One of the classic cases of failure of cross-sector collaboration between the health systems, judiciary, traditional leaders, the police and the political systems at local level is illustrated in the Ngora case study.

The Ngora case story

> ***"A clinical officer from Ngora Health Centre IV gave a detailed account of one under-aged girl who was defiled by a middle-aged man. The man was apprehended by local authorities and the girl confirmed his identity. The young girl was taken for medical checkup to establish the case of defilement and the extent of damage caused. Indeed, the clinical officer confirmed that the girl had been defiled and had sustained visible injuries in her private parts. As required by law, the clinical officer notified the authority in charge of the health facility who then forwarded the matter to the police. Unfortunately, the matter ended there as there was no follow up. The local chiefs, the parents, traditional and religious leaders remained mute as the girl continued agonizing with injustice and impunity meted on her. She did not know where else to turn. The poor girl was also concerned about the possibility of pregnancy and being infected with HIV and other STIs. In addition, she suffered psychological, social and cultural shocks as she dropped out of school because of stigma and shame. The rapist negotiated his way out of police custody and he was left to walk away scotch free in spite of well-articulated legal provisions on ways to deal with defilement of underage girls. The clinical officer further said that she had seen several such similar cases and they all ended up in the same way and this lack of cooperation in resolving matters of this nature had demoralizes her parents and the defilers families with no regards to the due legal processes. The Ngora district health management team was highly frustrated by the way matters of rape and sexual abuse were being handled.***

The research team found similar incidences in other parts of the country, with the same outcomes. Surprisingly though, some of these cases were resolved through mutual agreements between the parents and the defilers' families with no regards to the due legal processes. The Ngora district management team was highly frustrated by the way matters of rape and sexual abuse were being handled.

> *"…concerning sexual abuse and rape, the process of resolving the cases are long and frustrating. Moreover, the legal procedures are not well articulated and understood by the communities at grass root level…"* ***said DHO Masindi District.***

The role of partners at the lower level is both complementary and diversionary. Occasionally they

work with the teams on the ground by providing financial and technical support to implement planned activities. In other instances, Government health officials seem to appreciate the role of partners as exemplified by the following quotes:

> *"…Partnership platforms are in place: like the district council, town council and subcounty technical planning meetings which bring together heads of departments and community representatives. The district works with Implementing Partners like (TASO, RHITES E). the grant support from Implementing partners supplement PHC fund…",* ***said the Kasana HC IV Laboratory Technician.***

However, on several occasions the partners come with pre-set programmes without consulting the local authorities. In other instances, the staff working in the public facilities are diverted to attend to partner driven activities with attached monetary gains. The Nurse at Kasana Health Centre IV in Luwero District said:

> *"…many NGOs and partner institutions implement projects that are parallel to the district plans and hardly involve the district authorities. At the end of the projects they do not give feedback to the local authorities and communities. On many occasions when the projects end, the district cannot fill the gaps left behind, and do not even report their findings to the communities they have worked with…"* ***said the Nurse from Kasana Health Center IV Luwero District.***

Poor access to family planning commodities

The study teams were informed by local authorities about rampant cases of stock outs of SRHR commodities and diagnostics in public facilities in some communities of Ngora, Lira and Luwero district, and yet readily available in other parts of the same district, clearly demonstrating lack of collaboration and coordination across sectors. The research teams found that adolescents and youths fear to come for reproductive health and family planning services because they are not youth friendly.

> *"…Let me tell you people, we have a problem in our district. Yesterday I visited Oget (HC III) looking for male condoms but they were not available, the same applied to the Drug shops around Mukura. Since I work with Ngora Town council, I went to Obuku (HCIV) and the nearby clinics around the district Headquarters and I found both female and male condoms in plenty. This is the time when the students are getting holidays and they are sexually active. If we do not provide them with such commodities, they are prone not only to unwanted pregnancy but also to STDs and STIs..."* ***Said Official from Ngora Town council***

For the female,

> *"…If we visit most of the facilities in the district now, we shall find Commodities like female condoms are packed plenty in boxes…no one has ever opened them. Why...? people do not know how to use and these gives them a negative attitude towards the product…"* **__Said Official from Kasana (HC IV) Luwero district.**

Substance and Drug Abuse

Engagement of cultural leaders and their roles in dealing with emerging societal issues was weak, mainly because they were being undermined by politicians and communities who do not respect them much. The youth are picking up bad habits of smoking harmful substances such as cow dung, grey hair, paspalum grass, shaded skins of snakes and dry venomous black termites. Factors hindering ISC for SRHR in Uganda are shown in the summary below.

Summary of factors hindering intersectoral collaboration for SRHR and health in Uganda.

- Implementation of government programs is by departments which operate independently in silos.
- The SWAps program of the Ministry of Health has been replaced by new arrangements with less support for intersectoral actions for health.
- The role of National Planning Authority (NPA) to coordinate and support re-organization of government departments to be better interlinked in line with the spirit of SDGs is not yet effective.
- Other sectors perceive implementation of health programmes as the sole responsibility of the health sector (lack of appreciation by other sectors on their roles/contributions towards improving health/SRHR related outcomes).
- The role of parliament to legislate and appropriate budget which promotes intersectoral actions is not yet visible.
- Lack of sectorial accountability mechanism for health/SRHR related outcomes.
- Weak coordination mechanism at central and district level.
- Central government Policy and strategies are not reaching district and sub-district level
- Supportive Supervision of district services by central ministries is not happening.

DISCUSSION

The health of individuals and communities is a prime concern of all societies. Countries that have achieved the best health indices at low cost are those that have undertaken multi-sector national level development approaches and multi-stakeholder dialogue on population health. Such dialogues are led at the highest political level and result in a social and political compact between the government and the population. The current Health Sector Strategic Investment Plan (HSSIP) II in Uganda acknowledges the need for a national compact and multi-sector action. However, practical steps for its achievement are not well articulated. Therefore, there is a need for deliberate efforts by government for a broad inter-sectoral national level plan and dialogue on health and well-being of the people of Uganda

In September 2015 Uganda joined the world to adopt the global 2030 Agenda for Sustainable Development, including its 17 goals for sustainable development (SDGs). The agenda provided a unique policy opportunity to pursue and implement effective intersectoral solutions for today's complex public health challenges, including SRHR. The health goal, SDG 3 includes a specific target on SRHR. The goal aims at ensuring universal access to SRHR care services by 2030, including family planning, information and education. It also integrates reproductive health into national strategies and programs, all of which require stronger and transformative partnerships and support from the social sectors. Agenda 2030 and the SDGs are supported through global and regional strategies and initiatives that echo the call for strengthened intersectoral action. By design, SDGs are closely inter-linked and inseparable. UHC is the best tool for operationalizing ISC for health-related sustainable development goals.

It is important to emphasize that ISC is not simply sectors working together, but rather partnerships with a commitment to mutual relationships and goals. Key actors should include; the government, the business community, academia, development partners, CSOs and the community. The complexity of SRHR determinants (including education, gender issues, nutrition, environment, water, poverty, etc.) makes it impossible for one institution to address all public health goals alone. Therefore, intervening to improve the determinants of health requires that public health stakeholders enter into intersectoral partnerships.

It is also important to note that Uganda experiences high rates of teen-age pregnancy with one in four young girls either pregnant or having given birth by age 19.[20] The Uganda Demographic Health Survey report (2016) indicates that more than one in five women age 15-49 (22 percent) report that they have experienced sexual violence at some point in time while three hundred and sixty new HIV infections occur every week among Ugandan. 360 new HIV infections occur every week among adolescent girls and young women while 1 in 4 girls is either pregnant or has given birth. 1 in 5 women have experienced sexual violence.

Strengthening intersectoral action therefore is paramount to achieving successful response to the public health issues including SRHR in Uganda. The question that emerges is how to bring sectors to work together in an environment where sectors are used to working in silos. Bringing sectors together requires improving the implementation frameworks of the existing policies. While policy coherence must be strengthened across sectors (horizontal linkages), it must also be strengthened between different levels of government: national, subnational, regional and local (vertical linkages). This is highly context-sensitive and specific, but in all instances concrete measures need to be in place to ensure that policy coherence realistically exists – for example; joint impact assessments, shared common goals and targets between the sectors involved, shared budgets and joint financing mechanisms, use of data across health-related sectors and joint reporting and monitoring mechanisms.

The country has one of the world's highest total fertility rates (TFR) at 5.4 births per woman[21].

Uganda also has one of the youngest and most rapidly growing populations. Almost half (48.7%) of the population is under the age of 15 years, and 70% are less than 25 years of age. As a result, many of the reproductive health challenges the country faces are concentrated among this young age group. Young people in Uganda are confronted with challenges of teenage pregnancy (21%), high rates of child marriage (31%) and other harmful cultural practices such as female genital mutilation. Through interactions with district leaders, departmental heads, sector ministries and literature review, the study established that the causes and consequences of sexual and reproductive health including HIV/AIDS and Sexual and Gender Based Violence (SGBV) remain major public health concerns for Uganda. These concerns require coordinated efforts through ISC.

Child marriage is likely to be the cause of more than half of babies born to under 18 years in Uganda, with one in four young girls either pregnant or having given birth by age 19[22]. Yet, despite the high rates of pregnancy among adolescent girls, they have a high unmet need for family planning at 30.4%, meaning that their sexual and reproductive health needs are not being fully met. Among young women aged 15-24, 15% have experienced sexual violence at some point in time.

Some of the government efforts to promote integration of SRHR/HIV and SGBV in Uganda include: (i). Development of the National SRHR/HIV Integration and Linkages Strategy to guide integrated programming and resource mobilization. The strategy highlights opportunities and entry points for SRH/HIV integration; (ii). Establishment of technical platforms to support coordination, promote adherence to standards and facilitate learning, a number under the leadership of the Mistry of Health. These include the Integration Technical Core Team comprising of membership from the AIDS Control Program and Reproductive Health Units of Ministry of Health and UN agencies (UNFPA, WHO and UNICEF and UNAIDS); National SRHR/HIV Task Team and the National SRHR/HIV Stakeholder's Forum; (iii). And assessments and studies on integration including the National SRHR/HIV Linkages and Integration Rapid Assessment; a facility assessment on SRHR/HIV integration and an assessment on SRHR/HIV integration in Global Fund programming. Results of these assessments are being used to inform resource mobilization efforts, revision of the national SRHR/HIV Integration and Linkages Strategy and development of standard tools and job aides to support service delivery.

Despite this, progress towards integration efforts in Uganda are still beset by some challenges. Programs such those on HIV response efforts are specifically targeted towards vertical programming. This poses a challenge to integration at programming and implementation level. Inadequate Human resource to support HIV/AIDS/SRH&R also poses a problem for integration. Recruitment and retention is a big challenge especially in the remote areas. The few available staff tend to be overworked, thus posing a risk of compromising quality of care.

The Ministry of Health and its sister sectors should strengthen coordination and accountability in resource mobilization and allocation. There should be more efforts towards ensuring resources are mobilized and directed towards the provision of integrated services as opposed to vertical programming.

The findings of this study further suggest that the inter-linkage and multi-sectoral nature of programs for SRHR and the SDGs present additional implementation challenge in Uganda. As indicated already, the general practice in the country is that sectors operate vertically according to their mandate and there is often minimal effort to harness interlinkages across sectors.

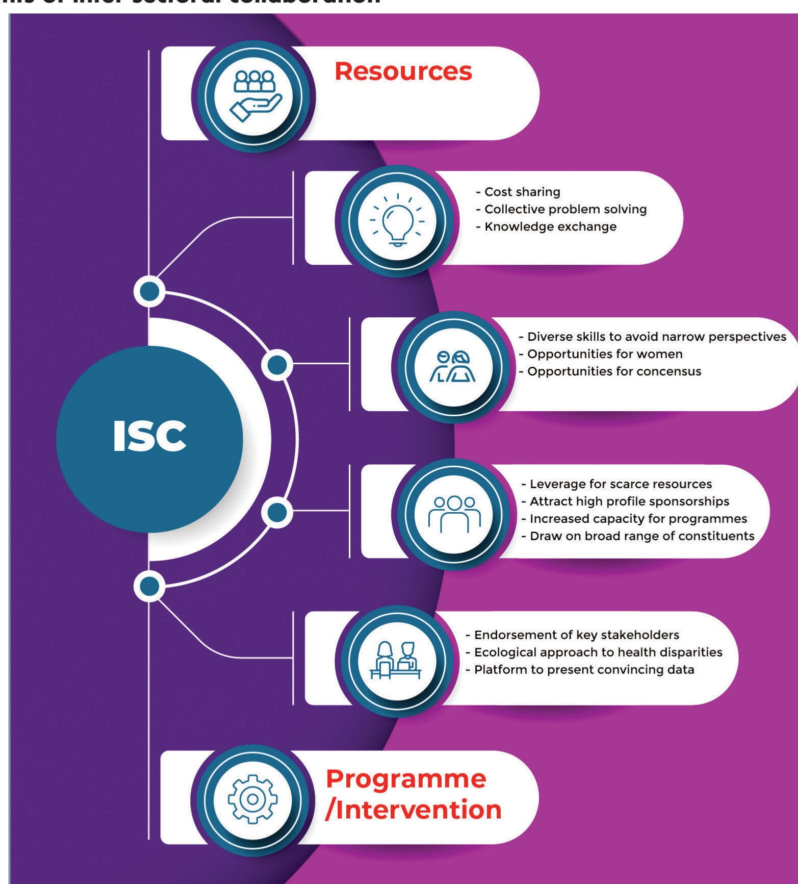
It is obvious that implementation in silos will not deliver the desirable attainment of the national development goals. There is need for the National Planning Authority to strengthen its capacity to facilitate integrated implementation of programs across sectors. The country urgently needs to develop multi-sectoral action plans that will rally implementing stakeholders to map out key milestones, reduce duplication and increase effectiveness of implementation. The OPM should act as a clearing house through which SRHR programs and health development efforts, as

well as interventions supporting the achievements of SDGs will be coordinated to ensure that stakeholder's implementation plans are synchronized. To break down silos the Government should also shift from output-based budgeting to sector-wide based budgeting. Indeed, enhancing multi-sectoral implementation planning and coordination of SDGs should be one of the country's priorities.

Figure 9: Professor Francis Omaswa and Dr. Elsie Kiguli following a stakeholder's deliberations on ISC study findings

There are a number of reasons why ISC if handled properly will become such a popular strategy to address health improvement. Cross-sector collaborations provide related sectors with a greater number of resources and a wider variety of strategies from which to tackle issues. Figure 10 highlights these points in more details.

Figure 10: Benefits of inter-sectoral collaboration



Recognizing the complexity of ISC continuous engagement of all stakeholders including communities and civil society will serve to accelerate progress towards universal UHC and SRHR. To realize the full benefits of ISC, it will be necessary for different actors in government and outside government to play a part in breaking the silos mode of operations. Furthermore, improving health equity through sustainable financing and defragmentation of multiple planning, are critical for delivery of wider development goals in Uganda.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Uganda has adopted the 2030 SDGs Agenda which has been incorporated into the national development frameworks. But achievement of the national development goals and of health goals in particular will require a drastic change in how Government does its business. As clearly indicated in this study, factors that influence health outcomes, are complex and extend well beyond the provision of health care services. Many desired health outcomes fall outside the authority of the ministry of health. As a result, accountability for the progressive realization of the right to health must be shared across government as a whole. Coordinated, intersectoral action to improve health service delivery for the attainment of SDGs between sector ministries, different levels of government and stakeholders outside government, is necessary in order to address the complex and persistent health challenges. This study reveals that Uganda has not fully embraced ISC as a mode of operation.

To fully realize the much-desired SDGs, legal and regulatory reform could be used to establish an accountability framework that sets out the responsibilities of stakeholders and by providing a clear mandate for intersectoral actions by relevant government agencies and authorities. But a successful partnership across sectoral boundaries requires political commitment at the highest level, with full engagement of sectoral ministries, active participation and goodwill of all stakeholders. It is also necessary to formalize a framework that sets out shared goals and key responsibilities for all the key actors.

Outcome of Stakeholder Validation Engagement

Figure 11: Some of the participants who attendedthe stakeholder consultation meeting

Proceedings and Inputs made by Participants

ACHEST presented the summary of the study findings. The Participants discussed the study findings and made constructive inputs which have been incorporated into the study report. A summary of key issues, recommendations and way forward are as follows:

- Concurrence with the main findings and recommendations made. More emphasis to be put on health promotion, education, safe water, nutrition and environment.
- Show how multi-sectoral collaboration should be operationalized. In particular include cultural institutions traditional leaders and traditional systems in ISC actions.
- Involve all MDAs, non-state actors and DPs.
- Use the media more to disseminate the research findings and information on SDGs.
- Identify key movers in Government to help move the ISC philosophy forward.
- Young people should be involved in the national planning processes.

Other Responses in Verbatim

…"The roles and duties of a traditional and cultural leader in the upbringing of young people in our community has been ignored by many as this is no longer recognized even among the young people themselves. It has resulted in delinquent behaviors like lawlessness, defilement and rape of the underage girls" ***RDC Ngora***

"Most of the national policies like SDGs and NDPs are not well understood by local people, no clear understanding of what they are all about. The government should device means to make these policies understood by a common man in my village" ***HEPS Uganda***

"We can all transform Uganda's economy through the young people. Let's identify our priorities and utilize the available resources to attain development. If only with our guidance to the you people at both levels" ***Prof. Mirembe***

…."Difficulty in understand the SDGs "The way the SDGS are packaged alone makes it difficult to be understood by the common man. The young people are also finding it difficult to interpret and understand what the SDG's are all about" ***Youth Rep. Peer to Peer.***

Recommendations

In order to embrace and institutionalize intersectoral collaboration as a vehicle to accelerate action towards achievement of UHC and SDGs in Uganda, the study identified issues and actions required by different levels of Government and by other stakeholders as follows:

Recommendations for National Level

1. The Office of the Prime Minister:

MDAs operate in silos, and therefore transitioning and mind set change towards ISC philosophy in line with UHC and SDGs framework remains a big challenge. Weak linkages and collaboration from other state actors outside health. They perceive health issues to be a sole responsivity of Ministry of Health.

- It is recommended that there should be a mindset change of public service, as well as the political will to transform current planning and program implementation approaches within MDAs from silos mode to a more rational and desirable inter-sectoral collaboration approach.
- Identify the bottlenecks in the existing structures, laws and regulations that may be hindering cross-sector cooperation and take remedial actions.
- It is further recommended that SWAps or similar arrangements be revitalized with strong government leadership and oversight. This could be a better vehicle for accelerating ISC, with a full buy-in of partners and encompassing all sectors. Health should also be embraced as central to governance and national development.

2. National Planning Authority

The mandate and structures of government ministries have remained static in silos since independence. Operationalization of the National Development Plans into programs and budget has not changed over time. In addition, transition towards ISC in line with SDGs framework is lacking. Sectors continue to work in silos and duplicating efforts; and there are no allocated sector budgets to support intersectoral work. The role of National Planning Authority to coordinate and support re-organization of MDAs to be better interlinked in line with the spirit of SDGs. NPA is not achieving this role

- It is recommended that joint planning, implementation, monitoring and evaluation of programs across sectors should be strengthened.
- It is recommended that sector ministries should be mandated to earmark funds for intersectoral collaboration during the planning and budgeting process.
- It is recommended that the Oversight role of NPA over sector ministries should be strengthened to avoid duplication of efforts. This will minimize silos approach.
- It is further recommended that structures for operationalizing ISC be created and strengthened. This should be done within the timeframe of national budgeting cycle under the leadership of NPA, Ministry of Finance and other MDAs.

3. Ministry of Health

In the MoH, awareness, structures and policies to support ISC exist, but implementation remains the challenge as other sectors perceive implementation of health programs as the sole responsibility of the health sector.

- It is recommended that the bottlenecks in the existing structures, laws and regulations that may be hindering cross-sector cooperation be identified and remedy actions taken appropriately.
- MOH should promote ISC by revitalizing Health Sector SWAps or similar arrangements, strengthening supportive supervision of Health services and donor coordination structures

like HPAC and Inter ministerial committees and Joint reviews. The National Health Assembly should be used to mobilize and institutionalize support for ISC.

4. Parliament

Parliament plays a significant role in formulating laws, and allocating resources and providing oversight in the implementation of national programs for the attainment of SRHR and SDGs.

- It is recommended that Inter-sectoral collaboration should start in parliament through the work of Parliamentary Committees and approval of budgets.

5. Other Government Sectors

It is recommended that there should be better planning and coordination with the Health Ministry, and health should be put in the Centre of all government activities.

Recommendations for Local Governments, Non-state actors and Development Partners

6. District Level

Policy and strategy documents are not readily available at the district and sub-district level. We recommend that deliberate efforts should be taken to regularly disseminate policy documents and support their interpretation and use at the districts and sub-district levels to enhance intersectoral collaboration. The breakdown of socio-cultural institutions is affecting the upbringing of young people.

There is also weak coordination, supervision, and feedback of activities of stakeholders operating at district and sub-district.
Enforcement of the leadership role of the sub-country chiefs to embrace health as a governance issue is highly recommended.

- It is recommended that socio-cultural norms be revived in close collaboration with the media, civic, cultural, religious leaders and relevant government institutions to mitigate negative youth behavioral tendencies. Strengthen the coordination mechanisms of stakeholders operating at district and sub-district levels to ensure proper supervision, reporting and feedback on programmes.

7. Development Partners

Development Partners initiate and implement pre-set projects without consulting the local authorities.

- It is recommended that the Districts should develop a strong donor coordination and monitoring frameworks.
- It is further recommended that; Development partner programs should be developed in line with the district plans

8. Non-State Actors

There is weak engagement of non-state actors with the government- There is need to develop the capacity of non-state actors to hold government accountable.

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9. Community

- Communities perceive themselves as recipient of, and not active players on matters of health. There is also weak capacity of communities to enhance understanding of their own health.
- Full engagement of communities on matters of health is recommended.

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