



Statement By Faith and Cultural Leaders to the 1st EAC Round Table on Investing in Health

Kampala, Uganda (21 February 2018) - We, the faith and cultural leaders from the East Africa Community (EAC) Partner States, under the auspices of Faith to Action Network, have joined the EAC Heads of State Summit on Investment in Health of 2018 to deliberate on the major public health transformations fueled by changing human-animal environmental interactions, population dynamics and socio-economic development.

We, on behalf of our faith and cultural communities, believe in the sacredness of life and affirm our responsibility to the thriving of the human family. We recognize the importance of global initiatives such as Universal Health Coverage and the Sustainable Development Goals, and continental aspirations like Agenda 2063, and commit to support their implementation for the well-being of humanity.

We recognize the efforts of EAC Partner States' and development partners to support Universal Health Coverage, and the positive impact the initiative has had, in addressing infectious diseases such as malaria, HIV/AIDS and Tuberculosis, maternal and child health complications; non-communicable diseases such as high blood pressure, diabetes and cancers; among others.

We note, specifically, the enormous contribution that we, as faith and cultural communities, have made in providing the moral grounding that has sustained the effort to tackle the development challenges of the EAC region, and actual provision of health services that have contributed to the modest achievements of Universal Health Coverage;

As the region re-focuses its priorities in delivering health services, we call upon governments, donors and other development practitioners, to make the following recommendations part and parcel of the outcomes of these two-day's meeting:

Human Resources for Health

Industrial action is quite a common occurrence in the EAC. Last November, doctors went on strike for over a month in Uganda. Earlier on, a 100-day strike by their Kenyan counterparts crippled service delivery in public health facilities. Health workers, including midwives, laboratory technologists, pharmacists, nurses and interns have all been involved in various levels of the industrial action. The main reason behind the actions taken by these health workers is poor pay and lack of medical supplies and equipment at the facilities.

We call on EAC Partner States to honor or improve existing conditions of work, policies and guidelines of this critical health workforce. The States also need to invest in training and continuing education. This will stem the current tide where medical workers relocate to other countries in search of greener pastures. Only high quality health workforce will provide good quality services.

The National Health Insurance Schemes

Most EAC Partner States, have National Health Insurance Schemes. We call on Partner States to make such schemes widely accessible to all persons. Furthermore, in the spirit of regional integration and Universal Health Coverage, we ask Partner States to make services provided through public health insurance, including family planning, available to all citizens of the EAC at no extra cost.



Aligning infrastructure development with Health service delivery points

This event is also deliberating on investments in infrastructure projects. We appreciate that infrastructure developments, such as roads and railways, have direct health outcomes as they facilitate greater movement of people, goods and services. They are also corridors along which prevalence of diseases, including HIV/AIDS, is greatest and this places greater demand on the health service delivery points near such infrastructure. We call upon EAC Partner States to consciously prioritize the readiness of health facilities adjacent to infrastructure pressure points in meeting the increased demand. We call upon Partner States to engage with contractors of key infrastructure, especially roads, to additionally feeder roads around health facilities. Given that faith-owned health facilities account for over 30% of the entire health infrastructure, and quite often the only available service point in those hard to reach areas, we call upon Partner States to strengthen the public private frameworks for health with FBOS and invest in faith-owned health facilities as well.

Procurement and availability of medical equipment and supplies

There is no doubt that the people in the EAC region are in themselves inter-connected through regular travel and living within Partner States. However, it is quite common to find completely different family planning contraceptives among the Partner States. This places an unnecessary burden on our people; some will carry their own medication, but most will skip use until they return to point of domicile. We call upon EAC Partner States to harmonize procurement processes and by so doing ensure availability of similar commodities and the medical supplies irrespective of the Partner State. It is furthermore important for Partner States to streamline supply chains to make this availability a reality.

Allies for health messaging

Faith and cultural institutions have an ever present structure deeply embedded within local communities, and their respective leaders are greatly trusted and relied upon by community members when making decisions. We call upon governments and donors to increasingly utilize the rich structures of faith and culture in building consensus and message delivery in order to achieve greater health-seeking behavior. This will need to be accompanied by integrating science and faith, as well as building capacity of both in the process.

Conclusion

In conclusion, we, leaders of religious and cultural communities, herewith restate our commitment to work in collaboration with governments, inter-governmental and civil society bodies to attain Universal Health Coverage.

May God Bless East Africa.

end of statement