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social justice in health

OPERATIONALIZATION OF THE OPERA FRAMEWORK IN ADVANCING THE RIGHT TO HEALTH IN UGANDA

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TABLE OF CONTENTS

LIST OF ACRONYMS

BCC	Budget Call Circular
BFP	Budget Framework Paper
CEHURD	Center for Health, Human Rights and Development
CESR	Center for Economic and Social Rights
CSO	Civil society organization
HSDP	Health Sector Development Plan
ICESCR	International Covenant on Economic Social and Cultural Rights
LSHTM	London School of Hygiene and Tropical Medicines
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
MRC	Medical Research Council
NDP III	National Development Plan
NHIS	National Health Insurance Scheme
OPERA	Outcomes, Policy Efforts, Resources, Assessment
PPPH	Public Private Partnerships for Health
RBF	Result Based Financing
RIA	Regulatory Impact Assessment

Introduction

The OPERA Framework[1], developed by the Center for Economic and Social Rights (CESR), has previously been lauded as a unique and adaptable monitoring and accountability tool suitable for tracking government's fulfillment of economic, social and cultural rights. The framework invites right to health advocates to look beyond problematic outcomes, and to identify the underlying problems in policies and resource constraints, within a given context.

A consortium of eight civil society organizations (CSOs) have used the OPERA Framework, which they integrated with Participatory Action Research (PAR) methodologies to undertake successful advocacy on the National Health Insurance Scheme Bill in Uganda – a Bill whose enactment had stalled for two and a half decades.

Objective

To demonstrate the experiences of utilizing the OPERA Framework as a monitoring and advocacy tool to influence the National Health Insurance Scheme (NHIS).
Methodology
The research team adapted the OPERA Framework to analyze government efforts in the realization of the right to health in Uganda, grouped into four dimensions, that is; Outcomes (O), Policy Efforts (PE), Resources (R) and Assessment (A). This Framework builds on the human rights framework that has been operationalized into the Human Rights Based Approach (HRBA).

The OPERA framework was blended with the Participatory Action Research (PAR) methodology, which involves researchers and participants working together to understand a problematic situation and change it for the better.
Through the application of the OPERA framework in combination with the PAR methodology, the research team workshops and meetings, where there were subject matter expert presentations

By experts in law, policy, finance, anthropology and public health; in-depth interviews with selected participants between sessions and workshops and follow-up meetings, focus group discussions; document review; and ethnographic observations and analysis.

Implementation

From the workshops, the OPERA Consortium participants raised a number of fears towards the framework including: The fragmentation of the Ugandan health system would hamper the application of the OPERA Framework; lack of a framework to hold private players to account, among others.

Each of the Consortium members implemented at least one activity within the OPERA analytical framework and reported back. The Consortium eventually narrowed down and implemented advocacy interventions

1. Center for Economic and Social Rights (2014). The OPERA Framework: Assessing compliance with the obligation to fulfill economic, social and cultural rights
https://www.cesr.org/sites/default/files/the.opera_.framework.pdf

on the NHIS Bill, in collaboration with the Parliamentary Health Committee, and partnership with Ministry of Health, Ministry of Gender, Labor and Social Development, and Minsitry of Education and Sports.

Through group discussions, participants were able to identify areas for follow-up, on which they reported progress in subsequent workshops and meetings, during which partners had started to thresh out, through discussions and reflections, the numerous issues that they had initially started with to focus mainly on the NHIS Bill, which illustrated the growing appreciation of the OPERA Framework in Uganda. Other activities included an analysis of the NHIS Bill 2019; engagements with the Parliamentary Committee on Health and other Sectoral Committees.

Key lessons

1. The effectiveness of the OPERA Framework is an important monitoring and advocacy tool for the right to health can be enhanced by blending it with other methodologies, such as PAR.
2. The framework is versatile and can be utilized beyond health advocacy; it has been used by Consortium partner to hold duty bearers accountable for improved health service delivery at local government level.
3. OPERA requires multiple skills and diverse knowledge for effective implementation.
4. There is need to continuously build the capacities of partners and stakeholders on the utilization of the Framework as the framework requires a multi-disciplinary approach and skills.
5. Partnerships at global, regional and national levels are key in fostering the operationalization of the framework in different contexts.
6. The framework provides an opportunity for improved and structured advocacy that integrates multiple tools and methods.
7. The framework paints a broader picture in assessment of the fulfillment of the state obligations to fulfill the right to health.

Recommendations

1. Implementers of the OPERA Framework should ensure that their teams and partnerships allow for a multi-disciplinary approach.
2. Partners should invest in research and information gathering to ensure a strong evidence base.
3. The OPERA Frame work calls for collaboration, partnerships, and movement building.
4. It is important to continuously sensitize the public and private sector to appreciate the importance of the NHIS Bill toward the realization of UHC and the right to health.

1. BACKGROUND

1.1 Introduction

Uganda has ratified a wide range of international and regional human rights treaties related to the enjoyment of the highest attainable standard of physical and mental health (also known as the right to health), including the Universal Declaration on Human Rights (UDHR); the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), and the African Charter on Human and Peoples Rights (ACHPR, also known as the Banjul Charter). Under these treaties, the right to health is espoused and member states are enjoined to respect, protect, fulfill and promote the right to health.

The UDHR (Article 25) states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

Under the ICESCR, States Parties recognize the right of everyone to the enjoyment of "the highest attainable standard of physical and mental health" (the right to health).

CEDAW guarantees the right to protection of health of women, and in Article 12, requires State Parties to take "all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning".

On its part, the ACHPR (Article 16) states that "Every individual shall have the right to enjoy the best attainable state of physical and mental health" (right to health), and requires States Parties to take measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

Uganda also took part in the 1994 International Conference on Population and Development (ICPD) in Cairo, which set a plan of action for, among other things, access to sexual and reproductive health and rights (SRHR) services, including family planning. The country was represented at the follow-up London Family Planning Summit, convened in 2012, during which the Government of Uganda (GOU) committed to increasing its annual budget allocation for family planning (FP) supplies from USD 3.3 million to USD 5 million for the next five years, and to mobilize an additional USD 5 million per year through donor financing.

Despite being a party to these treaties and international commitments, Uganda does not explicitly recognize the right to health in the Constitution. However, under the National Objectives and Directive Principles of State Policy (Objective XX), the country's supreme law provides that the State shall take all practical measures to ensure the provision of basic medical services to the population.

One long-awaited legal reform that could enable the country make progress on the realization of the right to health is the National Health Insurance Scheme (NHIS). In its current form, the NHIS Bill will offer a basic care package to the insured and four dependants. The Bill proposes Government subsidies for "indigents", to enable the poorest of the poor to access healthcare. Formal sector employees and their employers will pay 8% of the employee's salary as premium to the scheme, with employees contributing 4% and employers 4%. Insurance will cover the cost of services received from the public, private-not-for-profit

(PNFP) or private-for-profit (PFP) health providers. Unfortunately, the scheme has been debated for too long. It was first tabled in Parliament in 2009 and was eventually passed in 2014, but to date, it is yet to get Presidential assent for it to become law.

Uganda continues to face a huge disease burden owing to mainly malaria, new-born conditions, growing number of non-communicable diseases (NCDs), disease outbreaks, and public health emergencies.[2] The proportion of women who die from pregnancy related causes is estimated at 336 per 100,000 live deliveries, while 45 children below the age of five die per 1000 live deliveries.[3] The incidence of malarial, the leading cause of death among inpatients aged below five years[4], was estimated at 12,356,577 in 2018.[5] An estimated 1.4 million people are infected with HIV, 53,000 are newly infected each year, while 23,000 die from AIDS annually.[6] About 25,365 were diagnosed with cancer, the commonest NCD, in 2017/18, while 93,600 died from NCDs in 2016 alone.[7]

Given the country's appalling health indicators, the civil society's role in monitoring, tracking and documenting outcomes in health is critical. Engagement with a strong civil society has specific benefits if the civil society delivers things that the state, market, and family cannot deliver – from well-run health care facilities to credible ethical determinations to outreach to vulnerable populations, social campaigns, and volunteers.[8]

In the recent past, there has been an emergence of several monitoring and tracking tools and methodologies dedicated to improving advocacy for economic, social and cultural rights. However, these tools have proved too scientific or technical in application thereby limiting their widespread use by civil society organizations in low- and middle-income countries.

The OPERA Framework[9], developed by the Center for Economic and Social Rights (CESR), has previously been lauded as a unique and adaptable monitoring and accountability tool suitable for tracking government's fulfillment of economic, social and cultural rights. The framework integrates different tools and techniques with the aim of providing a comprehensive assessment of how different public policies, government resources contribute to outcomes. The framework invites right to health advocates to look beyond problematic outcomes, and to identify the underlying problems in policies and resource constraints, within a given context. This paper is a documentation of the process of localization of the OPERA Framework in advancing the right to health within the Ugandan context.

1.2 Objective

To demonstrate the experiences of utilizing the OPERA Framework as a monitoring and advocacy tool to influence the National Health Insurance Scheme (NHIS).

2. Health sector ministerial policy statement 2020/2021. https://bit.ly/2VROD3Q
3. Uganda Bureau of Statistics (UBOS) and ICF (2018). Uganda Demographic and Health Survey 2016
4 UBOS. 2019 Statistical Abstract
5. WHO, 2019. World Malaria Report 2019. Geneva, Switzerland: World Health Organization. https://www.who.int/publications-detail/world-malaria-report-2019
6. UNAIDS Data 2019. https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
7. WHO (2018). Noncommunicable diseases Uganda 2018 country profile. https://bit.ly/3xNHtL5
8. Scott L. Greer, Matthias Wismar, Gabriele Pastorino, Monika Kosinska (2017), editors. Civil Society and Health: Contributions and potential European Observatory on Health Systems and Policies. WHO
9. Center for Economic and Social Rights (2014). The OPERA Framework: Assessing compliance with the obligation to fulfill economic, social and cultural rights. https://www.cesr.org/sites/default/files/the.opera_.framework.pdf

2. METHODOLOGY

2.1 Conceptual framework

2.1.1 The OPERA framework

The OPERA Framework is an economic and social rights monitoring framework developed by CESR in close collaboration with partners across and beyond the human rights movement.[10] The framework invites right to health advocates to look beyond problematic outcomes, and to identify the underlying problems in policies and resource constraints, within a given context. It groups together relevant human rights standards and principles into four dimensions, that is; Outcomes (O), Policy Efforts (PE), Resources (R) and Assessment (A).[11] Through provision of a broad list of questions, this framework helps design metrics to measure each dimension more systematically, in addition to identifying questions that need to be answered, plus the tools and techniques to answer them.[12]

The uniqueness of the OPERA Framework is its adaptability to different contexts. It provides an overarching framework that weaves together a wide variety of tools and techniques that give a comprehensive picture of compliance. Utilizing multiple tools and methods, the OPERA Framework is designed to enable advocates and activists build up a well-evidenced argument on the state's compliance with its obligations to respect, protect, fulfill and promote economic, cultural and social rights. Evidence generated from the analysis is immensely powerful for advocacy, whether focused on securing remedies for current violations or on advancing reforms for preventing them in the future.

The framework also provides quantitative and cross-disciplinary evidence demonstrating the link between poor development outcomes and breaches of the obligation to fulfill economic and social rights. The aim is to prompt decision-makers to be more responsive to, or at least less dismissive of, human rights arguments. At the same time, the evidence generated supports rights-holders to expose and articulate the injustices they face using robust, credible methods anchored in the human rights framework which helps them in demanding justice.

Research indicates that the OPERA Framework has been successfully used as a monitoring and advocacy tool in different countries including Angola, Egypt, Ireland and Kenya, where it has improved advocacy outcomes in various fields.[13] In this work, the OPERA Framework guided the research team to design detailed metrics for measuring the strategic interventions focusing on the right to health in Uganda.

10. The OPERA Framework Assessing compliance with the obligation to fulfill economic, social and cultural rights. https://namati.org/wp-content/uploads/2014/05/the.opera_.framework.pdf
11. https://www.cesr.org/opera-framework
12. Ibid 1
13. The OPERA framework: Assessing Compliance with the Obligation to fulfill Economic Social and Cultural rights. https://www.cesr.org/sites/default/files/the.opera_framework.pdf

Table1: Illustration of the OPERA Framework

	Assessment and monitoring
Out-comes	Identify relevant outcome indicators that show the extent to which the rights provided for under the Beijing Declaration and Platform for Action are enjoyed in the focus countries; disaggregate indicators by social groups to identify disparities in levels of enjoyment of the reproductive rights as envisaged under the Maputo; examine variations of indicators over time to assess progress, backsliding and change in disparities.
Policies	Identify international commitments and national constitutional and legislative provisions that give effect to the provisions of the Beijing Declaration and Platform for Action; verify the existence of specific laws and policies on the rights under the Beijing Declaration and Platform for Action and compare their provisions to international standards.
	Identify the goods and services needed to give effect to the rights provided for under the Maputo Protocol; measure the availability, accessibility, acceptability and quality of these goods and services in the countries of focus
	Analyze relevant national policies and strategies; collect feedback on the extent to which those principles in the policies and strategies are applied in practice.
Resource constraints	Calculate the percentage of the state's budget allocated to social spending relevant to the specific rights under the Beijing Declaration and Platform for Action, comparing this to relevant benchmarks; identify which population groups are benefitting from spending that the government is currently doing; compare allocations to previous budgets to see how spending has evolved over time; track public expenditure generally.
	Calculate the state budget as a percentage of the overall economy and compare to similar countries; identify and assess the adequacy and fairness of the state's main revenue sources (e.g. taxation, borrowing, international assistance); evaluate the state's fiscal and/or monetary policies governing the raising of revenue.
	Collect feedback on public participation in the design, implementation and evaluation of fiscal and monetary policies; analyze indicators related to transparency of economic policy process.
Context	Identify the social, economic, political or cultural conditions that prevent people from enjoying the rights or seeking redress for violations of the rights under the Beijing Declaration and Platform for Action (e.g. through capacity gap assessment).
	Identify how the acts or omissions of third parties or structural dysfunctions impact on the state's ability to fulfill the right.
	Draw together findings from previous steps, in light of above elements.

2.1.2 The human rights-based approach

The OPERA framework builds on the human rights framework that has been operationalized into the Human Rights Based Approach (HRBA). HRBA is a conceptual framework for the process of human development that is normatively anchored in international human rights standards and operationally directed to promoting and protecting human rights.[14] It seeks to analyze inequalities that lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind.

Under the HRBA, the plans, policies and processes of development are anchored in a system of rights and corresponding obligations established by international law, including all civil, cultural, economic, political, and social rights, and the right to development. HRBA requires human rights principles – universality, indivisibility, equality and non-discrimination, participation, accountability – to guide programming, and focus on developing the capacities of both duty-bearers to meet their obligations, and rights-holders to claim their rights.[15] [16]

2.1.3 The participatory action research (PAR) approach

To solve the methodological question, the research team blended the OPERA framework with the Participatory Action Research (PAR) methodology. PAR involves researchers and participants working together to understand a problematic situation and change it for the better.[17] The PAR is a method of enquiry and has been in use since the 1940s and is particularly favored in the sphere of public health. It differs from most other approaches to public health research because it is based on reflection, data collection, and action to improve health and reduce health inequities by involving the people who, in turn, take actions to improve their own health.[18]

As a form of collective action, PAR has long been used in health systems research to facilitate iterative learning and action cycles through which localization of the methodology is realized. PAR combines actions with reflections as "systematic objectifications of efforts to change the way in which individuals and groups work". It is a long-term, cyclical process during which participants: a) identify areas of action, means of acting on them and assessing their action; b) have a prolonged period of activity to make changes; and c) assess and reflect upon their success or failure and begin the cycle again.

PAR responds to previous research that has demonstrated the importance of iterative, cyclical approaches to embedding human rights. Its cyclical nature and potential to empower participants (by teaching them long-term problem-solving techniques) has also made it an important method in health policy, governance, and systems research.

Like the OPERA Framework, the PAR methodology focuses on social change that promotes democracy and challenges inequality.[19] It is context-specific, often targeted on the needs of a particular group; is an

14. https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach
15. Ibid 4
16. https://www.who.int/hhr/news/hrba_to_health2.pdf
17. Participatory Action Research, 2016. Fran Baum, Colin MacDougall,&Danielle Smith. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566051/pdf/854.pdf
18. Ibid 5
19. Koch, T., Selim, P. &Kralik, D. (2002). Enhancing lives through the development of a community-based participatory action research program. Journal of Clinical Nursing, 11, 109-117.

iterative cycle of research, action, and reflection; and often seeks to 'liberate' participants to have a greater awareness of their situation to act.[20] These striking similarities between the OPERA framework and the PAR methodology proved ideal in dual application to maintain research rigor and improve reliability and validity of findings.

Through the application of the OPERA framework in combination with the PAR methodology, the research team was able to assess the fulfillment of the right to health in Uganda through triangulating outcomes, policy efforts and resources to provide a holistic picture of what the state or government is doing to promote the realization of the right to health. Making crucial links between various human rights and principles that underpin the obligation to fulfill the right to health, the research team utilized different methods, including focus group discussions (FGDs), information and experience sharing and expert presentations to track and document the state's commitments through the PAR methodology and using the OPERA framework. Utilizing in-depth interviews, FGDs and document analysis, participants applied a systematic approach to build evidence on shortcomings and failures of the government to fulfill the right to right in Uganda.

To efficiently blend PAR with OPERA framework the following modes of participation were utilized.

2.2 Workshops and meetings

Two workshops and three meetings were convened in a series by the consortium members during which representatives of the civil society, academia, media, line government ministries and civil servants shared information, experiences and reflection on different subject matters and topics. Round table group discussions, video play back, floor discussions, and reflections on the right to health were conducted, guided by the OPERA Framework.

2.3 Subject matter expert presentations

Within the workshops, different Subject Matters Experts (SMEs) in law, policy, finance, anthropology and public health gave lectures and opened discussions on relevant subjects and actively engaged participants on their knowledge, experiences, and interaction with the different fields.

The OPERA Framework was explained to the participants in detail and the different components discussed to demonstrate how the framework can be operationalized. Individual components – Outcomes, Policy Efforts and Resources – were reviewed, debated, examined, and documented in the context of the right to health in Uganda. The component of 'Assessment' was discussed, highlighting the different methods that can be employed to make an evaluation of the evidence documented under the first three components in order to improve advocacy for the right to health.

2.4 In-depth interviews

Selected participants were interviewed between sessions during the workshops, and between the workshops as follow-up of the discussions. These interviews were recorded with the permission of the interviewees. The recordings were transcribed and analyzed by the anthropology expert and the lead investigator. Participants were interviewed and probed on the OPERA Framework and how the respective organizations have progressed in its utilization in their advocacy and implementation.

20. https://www.participatorymethods.org/glossary/participatory-action-research

2.5 Focus group discussions

FGDs were used during the workshops as a method of PAR. Different stakeholders and participants were requested to form groups, discuss, and reflect upon topical issues that emerged during presentations and floor discussions. During these FGDs, the each group agreed on a set of thematic areas/priorities of focus and presented them to the plenary, highlighting the importance of each of the priorities in achieving the right to health in Uganda.

2.6 Document review

The research team reviewed the Constitution and other laws, bills, policy documents, and international agreements and presented the emerging issues during the workshops. This established the background and context to the right to health and Uganda's commitment to achieving this right. Policy efforts, resources and programming within the country were also documented through the review of various local, regional, and global documents, reports and policies.

2.7 Meeting ethnography

Utilizing theories in the field of anthropology, human rights and the law were conceptualized as global assemblages which refer to the rationalities, forms of organization, politics and philosophy, expertise and physical environments that combine as actors to analyze social problems and devise strategies to act upon them.[21] The use of assemblage theory is relatively new in public health but has been used effectively to enrich legal perspectives on health, and in the evaluation of complex interventions. It draws attention to the ways that the significance and use of health rights are shaped by the social contract, political settlement and concepts of social solidarity and provides a framework to analyze how health rights shift and change as they become embedded in new context.[22]

During the workshops and meetings, in-depth field notes of discussions and presentations were taken and a series of qualitative interviews with participants conducted. Each workshop was observed by the research team that was trained in writing ethnographic field notes. The notes focused on the way in which the room is set up, informal interactions between participants and organizers, debates, disagreements, conflict, and cooperation.

We observed that complementing the OPERA with PAR methodology created opportunities for the consortium to contextualize the applicability of the framework to advance the right to health in Uganda. Notably, the additional methodologies such as workshops and meeting spaces were an effective avenue for a participatory style engagement fostering development of a like-minded consortium to realize the objective of the project. Through discussion and reflection from various stakeholders, different components of the OPERA Framework were operationalized, building the capacities of consortium members on evidence-based and focused advocacy.

21. McFarlane, C. (2009). Translocal assemblages: space, power and social movements. Geoforum, 40(4), 561-567.
22. DeLanda, M. (2006). A new philosophy of society: Assemblage theory and social complexity. A&C Black

3. HISTORICAL AND POLICY CONTEXT OF THE NHIS IN UGANDA

In this section, we discuss the historical and policy perspective of the National Health Insurance Scheme (NHIS) in Uganda – and we note that it was through the use of the OPERA process that the NHIS was eventually passed by Parliament, and now awaits Presidential assent for it to become law.

3.1 The policy context

Discussions on the NHIS began in 1996 when Ministry of Health commissioned the first study to actualize national health insurance in Uganda.

In a bid make to make health services more accessible, Government passed the Local Governments' Act and adopted the Poverty Eradication Plan in 1997 which decentralized health care delivery to district and lower local governments with the aim of bringing services closer to the people. User fees in public health facilities were subsequently abolished in 2001 in a bid to make services accessible to all[23] and the NHIS Bill drafted the same year to constitute the legal framework for the realization of Universal Health Coverage (UHC). [24]

Again in the same year, Uganda was one of the African countries pledged in the Abuja Declaration of 2001 to allocate at least 15% of their annual budget to improve the health.[25] However, this target has never been achieved and the health sector continues to suffer from gross under-funding. Partly due to funding gaps, lack of prioritization and inadequate stakeholder engagement on the part of government, NHIS was never actualised. Studies have further demonstrated that without NHIS, many people are unable to access health care, undermining the realization of UHC[26] and contributing to negative health outcomes[27].

Government re-introduced the NHIS Bill in 2012,[28] and the following year, adopted Vision 2040 as the country's development blueprint, aim was among others, to "develop a universal health insurance system through public-private partnership".

In 2015, Ministry of Health published the Health Sector Development Plan 2015/16-2019/20, whose overall aim was to accelerate progress towards UHC. However, a mid-term review of the Plan showed in 2018 that high out-of-pocket household expenditure continued to be a barrier to the achievement of UHC. At estimated 41% of total health expenditure in Uganda is out-of-pocket, which is the highest in East and Southern African region and far above the World Health Organization's (WHO's) threshold for catastrophic

23. Basaza, R.K., O'Connell, T.S. &Chapčáková, I. Players and processes behind the national health insurance scheme: a case study of Uganda. BMC Health Serv Res 13, 357 (2013). Available at<https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-357>

24. According to World Health Organization (WHO), 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

25. Aubja declaration. Available at <https://www.who.int/healthsystems/publications/Abuja10.pdf>

26. T, Odokonyero & F, Mwesigye "Universal health Coverage in Uganda: The critical health infrastructure, healthcare coverage and equity". Research series No. 136, June 2017

27. Some of the negative health outcomes include maternal mortality rates that increased from 418 deaths per 100,000 live births in 2006 to 438 deaths per 100,000 live births in 2011. See Uganda Demographic Health Survey, 2011, page 238. Available here <https://dhsprogram.com/pubs/pdf/fr264/fr264.pdf>

28. Arnold Kwesiga "The need for Universal health coverage: unpacking the draft national health insurance scheme bill 2012. Available at <http://cepa.or.ug/wp-content/uploads/2018/06/282999548-Unpacking-the-National-Health-Insurance-Bill-2012.pdf>

health expenditure of 15%.

3.2 The process leading to the passing of the NHIS Bill

Ministry of Finance, Planning and Economic Development (MOFPED) rekindled expectations when it issued a certificate of financial implication for the NHIS Bill in 2017. Even then, concrete steps to re-introduce the NHIS Bill in Parliament did not happen, yet other East African countries such as Kenya, Tanzania and Rwanda had already adopted their NHIS[29] within a relatively shorter time. The foot-dragging could have been due to lack of a clear understanding on the NHIS, economics, funding, benefits and political will to implement the NHIS.[30]

Given the lack of action on the part of Government, a group of members of Parliament (MPs) under the leadership of the Chairperson of the Health Committee, Hon. Dr. Michael Bukenya, sought to re-introduce the NHIS Bill in Parliament as a private members bill. Hon. Dr. Bukenya argued that it was frustrating for Ministry of Health to continue receiving budget funding to develop the NHIS and report no progress after two decades,[31] even after the National Development Plan II provided for its establishment,[32] and one of the goals of the Health Sector Development Plan 2015/16-2019/20,[33] is to improve access to healthcare by addressing the catastrophic household out-of-pocket health expenditure.

It is against this background that the OPERA consortium partners reached out to Hon. Dr. Bukenya to find ways to collaborate with him, his committee and other stakeholders to bring the NHIS to fruition. Hon. Dr. Bukenya was concerned that it was only Uganda and South Sudan that did not have health insurance schemes in the East African region, saying the continued inaction on the part of Ministry of Health after two decades of budget support to develop the NHIS, even after receiving a Certificate of Financial Implication, was frustrating.

Through the OPERA process, consortium partners were able to convene a workshop in collaboration with Hon. Dr. Bukenya, the parliamentary health committee, and representatives of Ministry of Health and Ministry of Gender, Labour and Social Development. Retired public servants familiar with the history of the NHIS process were invited and were able to share their thoughts and their perceived reasons why the NHIS law stalled for so long, highlighting the lack of political will to prioritize health as reflected in under-funding and the stalled policies, including the NHIS, the School Health Policy, the Sexuality Education Policy, the Standards and Guidelines on Sexual and Reproductive Health and Rights, among others.

There were concerns over the country's reliance on foreign donor funding for the health sector, and poor prioritization which in the past focused on infrastructure development at the expense of service delivery.

29. Ama Pokuaa Fenny, Robert Yates, Rachel Thompson, Social health insurance schemes in Africa leave out the poor. International Health, Volume 10, Issue 1, January 2018, Pages 1-3. Available at <https://academic.oup.com/inthealth/article/10/1/1/4794744>

30. Abuya, T., Maina, T. &Chuma, J. Historical account of the national health insurance formulation in Kenya: experiences from the past decade. BMC Health Serv Res 15, 56 (2015). Available at <https://doi.org/10.1186/s12913-015-0692-8>

31. Dr Bukenya during the residential stakeholders' workshop on the operationalization of the opera frame work in Uganda held on 11th to 13th February 2020 at Country Lake Hotel, Garuga.

32. The National Development Plan 3, Page 189. Available at https://consultations.worldbank.org/sites/default/files/materials/consultation-template/materials/ndpii-final11.pdf

33. National Health Sector Development Plan 2015/16-2019/20, Page 58. Available at https://health.go.ug/sites/default/files/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf

During the workshop, media representatives emphasized the importance of message development and presentation as an important component of effective advocacy as MPs to quickly respond to advocacy messages that highlight the plight of their constituents. Hon. Dr. Bukenya made presentations and facilitated extensive discussions on the importance the NHIS and the options on the table. He commended the civil society for constantly highlighting the issues affecting the health sector. He implored the civil society to always speak with a united voice and present uniform messages in their advocacy for the NHIS amongst MPs, policy makers and experts. The MPs agreed to seek the guidance of the Rt. Hon. Speaker to introduce their Private Member's Bill in 2019.

However, when MPs sought to table their NHIS bill on the floor of Parliament, Government brought back its Bill of 2012 to pre-empt the private member's bill. Even though Hon. Dr. Bukenya's bill was dropped, the move was seen as a strategy that woke up Government to act.

OPERA consortium partners worked with academia to help generate evidence on the Bill. They jointly undertook a critical analysis of the Bill using the HRBA and the OPERA frameworks. The analysis was conducted in collaboration with the University of Toronto and a paper analysing the NHIS 13 broad recommendations for incorporation into the bill was published. The consortium partners were able to present the recommendations to the parliamentary health committee and other stakeholders between 15th-23rd September 2020 and were able to help the committee members become familiar with the provisions of the Bill. This culminated into incorporation of six recommendations into the Bill that is now currently before the President for assent.

4. IMPLEMENTATION OF THE OPERA FRAMEWORK

This section summarises the genesis of the OPERA Framework in Uganda and highlights the role that the different consortium members played in the framework's actualisation. The Section also looks at how the focal areas in the initial engagements were ultimately narrowed down to joint advocacy on the NHIS Bill.

4.1 Initial interactions with the OPERA framework

The journey of CEHURD's engagements with the OPERA Framework started in 2017 as part of its search for a credible conceptual basis for its human rights advocacy work.[34] Unlike scientific studies, the efficacy of human rights work cannot be proved through the known traditional scientific methods like randomized clinical trials.

At the time, the Open Society Foundation (OSF) was also searching for mechanisms that would support its grantees in monitoring and holding government accountable through the human rights framework. As part of this process, the OSF convened a meeting in Salzburg that explored a number of approaches and the OPERA Framework was presented as one of the possible frameworks for building advocacy programming. It was at this meeting that the Executive Director of CEHURD met with the team from the CESR and discussed the potential for adapting the OPERA Framework to the Ugandan context.

Post Salzburg, CEHURD interacted with Prof. Gorik Ooms who was based at the London School of Hygiene and Tropical Medicines, to explore the potential for applying the OPERA Framework in CEHURD's right to health advocacy work. Prof. Gorik shared the idea with the team at the Helene de Beir Foundation who accepted to fund the first stakeholder meeting in Uganda to explore the idea of operationalizing the OPERA Framework in the Ugandan context. A meeting was subsequently convened where 25 participants from Uganda, Kenya and Zimbabwe, representing civil society organizations (CSOs), government institutions and academia, explored the potential of OPERA as a conceptual framework.

Amid these conversations, there was a consensus on the possibility of applying the OPERA Framework in Uganda's context, with the aim of not just holding Government accountable but generating evidence for advocacy. This would enable evidence-based advocacy that was not just based on norms, but also on collected data through analysis of outcomes, policy efforts, resources and a final assessment.

This meeting provided a platform for more concrete ideas on how the OPERA Framework would be applied in the Uganda context. Building on this, CEHURD with the London School of Hygiene and Tropical Medicines made the first attempt to look for funding that would support the follow-up activities in this meeting and eventually secured this funding from the Health Systems Research Initiative-UK Joint Economic and Social Research Council, Medical Research Council (MRC) and DFID. As part of the funding, the team incorporated an aspect on anthropological approaches. This project was later titled, "Qualitative analysis and participatory action research of right to health-based monitoring of and advocacy for UHC in Uganda".

4.2 Stakeholder engagements on the OPERA Framework in Uganda

The funding from Health Systems Research Initiative-UK joint Economic and Social Research Council, MRC and DFID enabled the roll-out of the research process which aimed to establish the extent to which OPERA-plus-PAR support the localization of the right to health in Uganda. This research process involved collaborations with government ministries, CSOs and academia with support from the London School of

34. Key informant interview with Mr. Mulumba, Moses; Executive Director, CEHURD, June 2021

Hygiene and Tropical Medicines (LSHTM) as well as the University of Toronto.

In implementing this approach, CEHURD in collaboration with LSHTM, established a consortium of likeminded partners whose capacities have been built and strengthened, not only to understand the OPERA and PAR frameworks, but also to appreciate and utilize them as an accountability mechanism to assess government efforts in fulfilling its obligations for the right to health aimed at achieving UHC.

The OPERA Consortium partners include: The Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI); Uganda Network on Law Ethics and HIV/AIDS (UGANET); Coalition for Health Promotion and Social Development (HEPS-Uganda); Human Rights Awareness and Promotion Forum (HRAPF); Mental Health Uganda (MHU); Action Group for Health, Human Rights and HIV/AIDS (AGHA); African Centre for Global Health and Social Transformation (ACHEST); AMREF Health Africa; Reproductive Health Uganda (RHU); White Ribbon Alliance (WRA); JENGA Afrika; Reach A Hand Uganda (RAHU); National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU); Akina Mama Wa Africa (AMwA); Network of Key Population Service Organizations (UNESO); and Partners in Community Transformation (PICOT). The Consortium has collaborations with the Makerere University School of Law, Makerere University School of Public Health, the University of Toronto. The Consortium also has partnerships with Ministry of Health; Ministry of Gender, Labor and Social Development; and Parliament of Uganda through the Parliamentary Committee on Health.

4.3 Consortium activities implemented

Between 2017 and 2021, CEHURD organized three workshops and three meetings aimed at ensuring that the OPERA and PAR frameworks were localized and used to advance the right to health. In this sub-section, we make an analysis of the interventions undertaken throughout this period and key issues that arose from each of these workshops and meetings. It is important to note that in 2017, a pilot of the OPERA-plus-PAR kicked off in Uganda while actual implementation started in 2019 and ended in 2021.

At the initial workshop, CSO representatives came together with government agencies and academia to test the applicability of the OPERA-plus-PAR in the context of Uganda, identify the main bottlenecks, devise a common advocacy strategy that aims at removing the bottlenecks, and explore opportunities within the region for advancement of the right to health.

From the workshop, the OPERA Consortium participants raised a number of fears towards the framework including:

1. The fragmentation of the Ugandan health system would hamper the application of the OPERA Framework.
2. Human rights mainly focus on state obligations as compared to responsibilities attached to private players. This means private players cannot be easily held to account under the framework.
3. Lack of accountability and financial transparency was a potential barrier to the full utilization of the OPERA Framework.

Despite these fears, it was evident that the framework could yield results. The State for example, has a sole obligation to ensure human rights are protected regardless of the involvement of private companies. In addition, the Abuja Declaration can be a stepping stone for advocacy to hold the State accountable in ensuring that 15% of the national budget is allocated to health.

At the end of this meeting, participants were grouped for FGDs in which they identified a number of opportunities for utilizing the framework, including:

1. Systems performance: Understanding system performance and its bottlenecks is important in carrying out strategic litigation. There is need to look at the outcomes of the entire health system and its consequences.

2. Lack of policy implementation: Government was praised for making several consultations with organizations that promote human rights during policy formulation. However, implementation of the same was found to be lacking. The OPERA Framework was therefore an opportunity to push for policy implementation.

3. Poor remuneration of public servants: Low salaries of health workers have undermined morale and affected the quality of their performances. This was identified as a possible opportunity to carry out advocacy on resources under the framework.

4. The use of quasi-judicial bodies like the Equal Opportunities Commission (EOC) was seen as a great opportunity for litigation since the time spent to determine cases is shorter than in formal courts of law.

5. Participants raised the question of whether resources mobilized for refugees actually trickle down to the intended beneficiaries. This was considered an opportunity for analysis from the context of resources.

6. Gender and equity issues were identified as additional opportunities in the sense of assessing Government policy efforts.

7. More participation of CSOs in enhancing transparency through shadow reporting presented another opportunity for using the OPERA Framework to assess Government policy efforts as well as the resources committed to the realization of the right to health.

These seven points raised an opportunity for engagement of the different CSOs to interact with the OPERA Framework within their organizational priorities. At this time, it was clear that the consortium had appreciated the use of the framework despite the lack of identification of a common advocacy area which they would jointly contribute to.

The consortium held a second stakeholders' progress meeting on the operationalization of the OPERA Framework with the objective of Consortium members sharing updates on the implementation of the commitments set during the initial workshop, and to introduce additional CSOs to the process. During the meeting, partners highlighted key issues that they had taken on and their progress in implementing the framework as follows.

INSTITUTION	ACTIVITIES IMPLEMENTED
AGHA	AGHA used the OPERA framework to assess the sexual and reproductive health and rights (SRHR) policies, conduct community score card assessment within prisons, and convene a national meeting to discuss issues that affect young people's SRHR. They used the policy efforts component of the OPERA framework to assess how SRHR policies contributed to the fulfillment of young people's SRHR needs.
JENGA Afrika	JENGA Afrika was undertaking a study on the impact of unspent balances that are returned to the Consolidated Fund. They sought to analyze the resources allocated to the health sector and how much of these were unspent and to try to understand the impact on the realization of the right to health.
SEATINI	SEATINI analyzed the Public Private Partnerships (PPP) Bill with a view of understanding how this policy effort impacts overall service provision in health and agriculture.
White Ribbon Alliance	The OPERA framework supported WRA's work on access to essential medicines and human resources for health with a main focus on the migration policy. They tried to analyze the policy efforts of Government towards availing essential medicines and, by implication, the realization of the right to health for migrants.
Mental Health Uganda	MHU analyzed mental health care provisions within the Act and opted to advocate for community participation and awareness creation about on mental healthcare. They recognized the need for traditional healers to be regulated as they provided such services to populations. The policy effort aspect of the OPERA framework was key in guiding MHU to achieve these results.
HEPS-Uganda	HEPS used the OPERA framework in analyzing the financial resources allocated to primary health care (PHC). They found that funding for PHC in health facilities III and IV had increased in Kamuli district. This was part of their monitoring and popularizing the Global Financing Facility (GFF) in the district.
Reproductive Health Uganda (RHU)	The OPERA framework presented an opportunity for RHU to undertake policy effort assessments at realizing SRHR for adolescents and young people through working with the Ministry of Education and Sports (MoES) on the Regulatory Impact Assessment (RIA) under the School Health Policy.
CEHURD	Using the OPERA Framework, CEHURD reviewed the right to heath laws and presented the findings to the Uganda Law Reform Commission (ULRC) for discussion and consideration in the ongoing law reform process. These laws were part of policy efforts aimed at realizing the right to health. In addition, CEHURD conducted a study on the effectiveness of the Results Based Financing (RBF) Model under GFF.[35] The model was another attempt at contributing to the resources allocation discussion to the health sector.
Reach A Hand Uganda (RAHU)	Utilizing the OPERA policy efforts and resources analysis strategies, RAHU carried out interventions on access to youth friendly SRHR medicines and policies.

35. Julius Kizza, et al, Business Unusual? The Conceptualization and Implementation Readiness of the Global Financing Facility (GFF) in Uganda, August 2018. Report available at https://www.worldcat.org/title/business-unusual-the-conceptualization-and-implementation-readiness-of-the-global-financing-facility-gff-in-uganda/oclc/1110678266

NAFOPHANU	They used the OPERA framework to analyze the HIV/AIDS Act and found the need to operationalize the AIDS Trust Fund that was not reflected in the proposed NHIS. This was part of the analysis of policy efforts made by the government for persons living with HIV (PLHIV).
UNESO	UNESO was working closely with HRAPF to petition against the Sexual Offenses Bill, and to ensure that health facilities are friendly to key populations. In addition, they were conducting community score cards on health services in the communities where they operate. This was part of a resources analysis from the OPERA framework to show the readiness of our health facilities to cater for the needs of key populations.
PICOT	PICOT was collecting community voices as evidence for advocacy for finalization of the National School Health Policy. This was part of the analysis of outcomes to inform advocacy on the Policy.
UGANET	UGANET utilized the OPERA framework to conduct a research on the impact of palliative laws on Persons Living with HIV. The assessment was aimed at understanding policy efforts to realize rights of PLHIV.
ACHEST	ACHEST assessed progress on the revised Maputo Plan of Action in 7 countries and its implications on policies and programs, and the lessons from each of the countries. OPERA provided the methodological framework for the analysis.

Through group discussions, participants were able to identify areas for follow-up, including the resources needed to take forward the conversations. At the end of this meeting and in preparation for the second workshop, the partners proposed the following action points to deepen their ideas and focus on the areas of advocacy using the OPERA Framework. These actions included:

1. Coordinate MOFPED to be part of the second workshop and to give an insight into how CSO can successfully advocate for more resource allocation to health.
2. Request Hon. Dr. Bukenya to share feedback on progress of the NHIS Bill.
3. Request Ms. Susan Najjuko, Senior Economist for Budget and Planning at MOH to share health sector priorities for 2020/21, the progress and how CSOs can influence more funding for the sector.

Strategically, partners had started to thresh out, through discussions and reflections, the numerous issues that they had initially started with to focus mainly on the NHIS Bill, which illustrated the growing appreciation of the OPERA Framework in Uganda.

In a meeting that attracted representatives from Government ministries, academia and Parliament, partners and stakeholders shared progress on commitments on the operationalization of OPERA. Indeed, stakeholders from Government made several presentations on progress of key issues as had been requested in the first meeting.

At the time of this meeting, the NHIS Bill was under scrutiny by the parliamentary health committee, which had conducted consultations with stakeholders across the country – and there were plans for regional consultations and bench-marking at East African Community (EAC) level and internationally. The next step was for the Committee to table the report of their findings before Parliament, to inform debate and voting.

This meeting was a turning point for CSOs and partner engagement on the NHIS Bill. It was clear later that OPERA can be utilized to hold Governments accountable through a collective civil society voice.

4.4 Advocacy on the NHIS Bill

4.4.1 Analysis of the NHIS Bill 2019

The OPERA Consortium partners worked with Prof. Lisa Forman from University of Toronto to undertake an analysis of the NHIS Bill 2019 and develop an analytical paper titled, "*A right to health analysis of Uganda's National Health Insurance Scheme Bill*"[36]. This paper discusses equity, financing and affordability, the legal framework on in Uganda and in international human rights law, and an overview of the Bill, including its proposals on contributions, indigents, service packages, accountability, and participation – and the implications of COVID-19. From this paper, the Consortium partners developed a Parliamentary Handbook[37] and Policy Brief[38] that were used for continuous advocacy on the Bill.

4.4.2 Engagements with the Parliamentary Committee on Health and other Sectoral Committees

- The OPERA Consortium lobbied and presented recommendations on the NHIS Bill to the Parliamentary Health Committee, which was attending a retreat to compile the stakeholder consultations report. The recommendations were well received and incorporated into the Committee's report. The Committee applauded the civil society for taking a step to analyze the Bill and for coming up with very important recommendations.

- The Consortium partners, in collaboration with the Parliamentary Health Committee, further convened lobby and advocacy meetings with more than 100 colleagues from other committees of parliament. These were sensitized and got acquainted with the issues in the Bill for collective buy-in and advocacy aimed at influencing the Government to expedite the process of enacting the Bill. From this engagement, most of the MPs were in agreement that the NHIS Bill was timely and needed urgent attention to address the current health system challenges the current is facing.

- The Consortium partners collaborated with the Parliamentary Health Committee and the Network of African Women Ministers and Parliamentarians (NAWMP) to convene a residential retreat for MPs to finalize the report on the NHIS Bill 2019. During this retreat, The Committee reviewed and successfully finalized the report on recommendations and the proposed amendments by stakeholders on the Bill.

- Media partners that had been included in the initial meetings invited consortium partners into a number of strategic media spaces including Radio One (FM 90.0) and Radio Akaboozi (FM 87.9) and NTV Uganda on their position on the intention by the Hon. Minister of Health to withdraw the NHIS Bill 2019. The partners emphasized that it was not in order and the right time especially in the times of the COVID-19 pandemic for the Bill to be withdrawn

- The Consortium partners challenged the dramatic move by the MoH not to support the Bill and they called upon the Hon. Minister of Health and the Rt. Hon. Speaker of Parliament to allow audience for the Parliamentary Health Committee to first present the report from the stakeholder consultations and proposed amendments on the Bill before Parliament for debate. They further called upon Government

36. The National Health Insurance Bill, 2019
37.https://www.cehurd.org/publications/download-info/parliamentary-policy-brief-a-right-to-health-analysis-of-ugandas-national-health-insurance-scheme-bill/
38.https://www.cehurd.org/publications/download-info/recommendation-for-parliaments-consideration-a-right-to-health-analysis-of-ugandas-national-health-insurance-scheme-bill/

to expedite the process of passing and enactment of the Bill. The Committee report and the Bill were presented to Parliament for the second and third reading during the 20th sitting of the 5th session of the 10th Parliament and the Bill was adopted as amended.

5. DISCUSSION: LESSONS LEARNT

The OPERA Framework has been valuable in measuring compliance with the full range of principles that underpin the obligation to fulfill economic, social and cultural rights in a variety of advocacy settings, and drawing on a range of quantitative and qualitative approaches. The framework was instrumental in undertaking evidence-based advocacy for the NHIS Bill, which had stalled for the past two and a half decades. Experience of the Consortium in the utilization of the OPERA framework through the PAR methodology generated valuable lessons spanning knowledge, skills and experiences that positively influenced favorable outcomes for the Bill.

Below are some of the lessons from the process.

1. The framework is an important monitoring and advocacy tool for the right to health, but its effectiveness can be enhanced by blending it with other methodologies, such as PAR.

2. The framework is versatile and can be utilized beyond health advocacy: This has been demonstrated through consortium partners' such as PICOT and CEHURD that are using the framework in holding duty bearers accountable for improved health service delivery at local government level.

3. OPERA requires multiple skills and diverse knowledge for effective implementation. The involvement of different stakeholders including CSOs, academia and government officials brought in different capabilities like policy development, health financing, budget tracking among others, which was key in contextualizing the OPERA framework for Uganda.

4. There is need to continuously build the capacities of partners and stakeholders on the utilization of the OPERA as the framework requires a multi-disciplinary approach and skills for effective utilization, including health economics, budget tracking and policy analysis.

5. Partnerships at global, regional and national levels are key in fostering the operationalization of the framework. Partners such as the London School of Hygiene and Topical Medicine provided significant support in incorporating anthropology into the framework which was important in documenting lessons learnt and applicability of the framework.

6. The framework provides an opportunity for improved and structured advocacy: Through integration of multiple tools and methods that stakeholders can use to build up a well-evidenced argument about advocacy issues to hold the state accountable on economic, social, and cultural rights.

7. The framework paints a broader picture in assessment of the fulfillment of the state obligations. This is based on the different dimensions that the framework captures beyond just the Outcome to Policy Efforts, Resources, and Assessment of the subject matter.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The OPERA Framework is most applicable alongside other methodologies such as the PAR methodology. These have created an opportunity for stakeholders to assess the fulfillment of the right to health in Uganda through triangulating the outcomes, policy efforts and resources to provide a holistic picture of what the state or government is doing to promote the realization of the right to health. The PAR approaches such as workshops and meeting spaces are an effective avenue for fostering engagements with like-minded stakeholders to be able to realize common objectives. The joint collaborations between the consortium partners and the Parliamentary Health Committee accelerated advocacy on the NHIS Bill and contributed to its passing by the 10th Parliament.

6.2 Recommendations

- There is need for a multi-disciplinary approach to effectively utilize the OPERA framework for meaningful and evidence-based advocacy. The framework requires a confluence of multiple professions and knowledge skills to collect and interpret information.

- Partners should invest in research and information gathering. The OPERA framework is an information intense monitoring tool that requires extensive research and analysis of up-to-date information to make a fair assessment.

- The OPERA Frame work calls for collaboration, partnerships, and movement building. Utilizing the OPERA requires working with multiple partners to harnesses on each partners' strength while limiting their weaknesses and offers a chance to leverage on each partner's niche for example expertise in budgeting, health finance and policy development

- It is important to continuously sensitize the public and private sector to appreciate the importance of the NHIS Bill toward the realization of UHC.

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