

The Quest for UHC in Uganda

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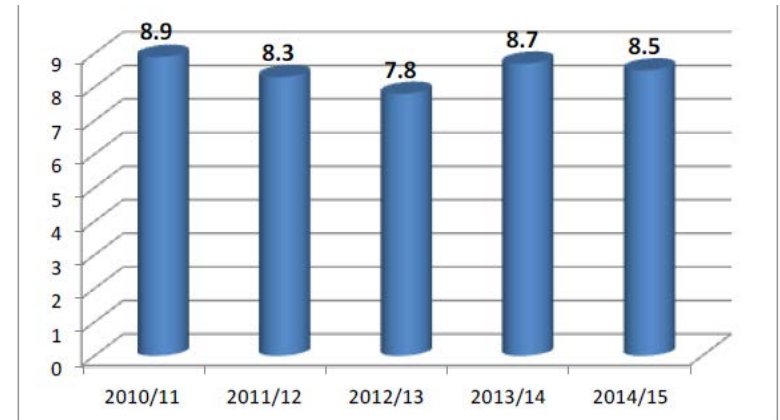


Context

- Uganda's economy remains rural and agrarian with a large proportion of the population still relying on peasantry agriculture;
 - Poverty levels remain relatively high with estimates at **about 19.7% of all Ugandans living below the national poverty line (\$1.25/day)**;
 - A larger share of the population **approx 43.3% is highly vulnerable to external shocks and risks falling back to the poverty levels**;
 - The economy continues to suffer from uncertainties due to the inflationary pressures;
 - On average Uganda **collects about 13.3% of Gross Domestic Product in taxes** – this is compared to 20% from other Sub-Saharan Africa ;
 - This is due to the low productivity of the economy and hence a small tax bases

Investment priorities and health funding

- The country as such operates in a deficit – this is caused by the **current focus on investing in infrastructure (energy and road constructions)**
 - While the budget to health has stagnated at 8% - the budgets to road and energy have increased from 18.7% to 23%;
 - Even when the total general government budget has increased, government's allocation to the health sector have not matched these allocations;
 - The growth in the health budget has been mainly driven by increased external support (GF, GAVI) – in fact Government allocation to the health sector has been declining;



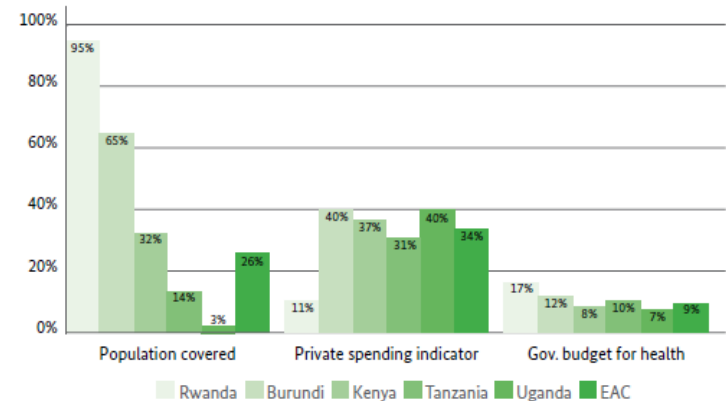
- Over all ODA to government generally declined from 25% in FY 2010/11 to 18% in FY 2014/15 – on the other hand, the total ODA to health increased from 14%-42% in the same period;
- In the medium term Uganda is focused on Oil revenues which it hopes to increase its GDP by between 10%-13%
- Current focus is moving towards '**a mid income country**', it means that the health sector loses on some funding like GAVI and yet government commitment the health sector is still much lower

Health Financing

- The principle mechanism for funding health services in Uganda is through government revenue tax financing,
 - however, **out of pocket payments and contributions by HDPs** contribute substantial amount to financing health care services;
 - Uganda has an unacceptable high out of pocket expenditure at the level of 50% of the total health expenditure (THE) – with the government spending on 16% and no mentionable social health insurance program;

	2008/9	%	2009/10	%
Public	449.98	16	472.35	15
Private	1,392.08	50	1,571.66	49
Donors and NGOs	966.42	34	1,190.68	36

Source: MOH, Uganda National Health Accounts Report, 2013



Sources: Country Studies of the EAC Partner States (see Annex 1)

The Quest for UHC

- Uganda's health financing strategy seems to now focus on attainment of UHC through **making available the required resources for delivery of the essential package of services in an efficient and equitable manner.**
- Need for sound health financing mechanisms including:
 - Revenue collection;
 - Risk pooling; and
 - Strategic purchasing.
- The insurance sector is generally still under- developed and it contributes very little as a source of health financing
- **Insurance contributes less than 1% of the GDP** – and has very low membership with a high dropout rate;
- There is however currently some efforts to establish **the National Health Insurance Scheme**

Policy and Strategies

Vision 2040

- envisions ‘a transformed Ugandan society from a peasant to a modern and prosperous country within 30 years;
- The vision acknowledges that good health is essential in ensuring socio-economic transformation and is critical if Uganda is to attain its long term vision.

The National Development Plan II –

- puts emphasis on investing in the promotion of people’s health and nutrition and the need to improve health and promote well-being.

The National Health Policy II

- has a vision of attaining ‘a healthy and productive population that contributes to economic growth and national development –
- it puts emphasis on ensuring that financial barriers do not prevent people from using the health services they need and also ensuring that people do not suffer severe financial catastrophe as a result of using service.

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The Health Sector Development Plan

- aims at 'accelerating movement toward UHC with essential health and related services needed for promotion of a healthy and productive life;
- it also underscores the importance of providing a quality package of essential health services accessed by all without suffering financial hardship.

The Health Financing Strategy:

- Guides the country in equitably and sustainably mobilizing resources and efficiently utilizing them to implement sector plans
- It will serve as the instrument for resource mobilization and will help Uganda in addressing the malfunctions of the current financing system
- It also helps in alignment of resources to the sectors priorities and creating opportunities for efficiency gains in the health sector

Legal Framework

- **The Constitution**

- creates an obligation on government of Uganda to provide basic health services to its people and promote proper nutrition and healthy lifestyles;
- It further entitles all people in Uganda to enjoy rights and opportunities and to have access to education, health services and clean and safe water;
- There are under objectives not substantive articles;

Testing the Waters

- Constitution Petition No. 16 (Political Question)

the state has a constitutional obligation to respect protect and fulfil human rights and where it is alleged that this obligation has been violated, the Constitutional Court has to hear the allegation and make an appropriate determination on it.

- CEHURD & Ors v Nakaseke District Local Government

- *Access to emergency obstetric care is a human rights*
- *The local government liable for the failure to administer over their health workers in what led to the death of a mother .*

- CEHURD & Ors v. ED of Mulago Hospital & AG

- The quality of care in a national referral hospital

Conclusion:

- The health financing Strategy 2015/16 – 2024/25 proposes three key aspects:
 - Revenue Collection; -
 - Resource Pooling; and
 - Mainstreaming out Procurement
- Over all government underfunding of health has to be fixed;
- The tax base has to be expanded by covering the linkages;
- Predictability of external funding for health – and alignment of donor funding;
- Deal with Out of Pocket Expenditure;
- Introduce some prepayment, voluntary schemes – departure away from fee-for service; and
- Keeping the government in check.