Policy Paper

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Health Sector Budgetary Allocations and their Implications On Health Service Delivery and UHC in Uganda

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1. Background

The health of Ugandans has improved over the last 2 decades as shown by various indicators[1]. Infant mortality rate declined from 94 to 43 deaths per 1,000 live births over the same period (1998-2018) while under-five mortality rate reduced from 149 to 64 deaths per 1,000 live births[2]. There has also been a reduction in maternal deaths with the maternal mortality ratio declining from 639 deaths per 100,000 live births in 1998 to 336 in 2016[3].The average number of children born by a Ugandan woman in her life time (fertility rate) declined from 6.9 in 1999 to 5.5 in 2016[4]. However, people's health is still poor as shown by the fact that the country is ranked 186 out of 191 WHO member states. Life expectancy at birth for Ugandans is still low estimated at 62.5 years. The common causes of illness include malaria and pneumonia (cough or cold) –contributing more than 50% of the OPD attendances. The number of malaria cases per 1,000 persons stood at 433 in 2016/17[5]. HIV/AIDS prevalence among adults aged 15 to 64 is estimated at 6.2% -This corresponds to approximately 1.2 million people living with HIV. In addition there is increasing prevalence of non-communicable diseases like diabetes hypertension and cancer[6].

The need for reproductive health services is annually increasing currently at 3.4 % - which translates into about 1.2 million more people who might require services. Funds for these services, however have been coming from external donors over years with government contribution stagnant below 15%[7] (see

Key Message:

1. *The government of Uganda is committed to Universal health Coverage (UHC). UHC is the aspiration that all people can obtain health services they need, of good quality and without being exposed to financial hardship.*
2. *The contribution of public funding to the health sector is low (15.7%) with private sources (42.6%) and donors contributing much more. The bulk of private funds are out of pocket. (NHA-2015/16).*
3. *The government budgetary allocation to the health sector for FY 2018/19 (UGX 2.3trillion) was only 9% of the entire budget and USD 17.85 per capita. This is much lower than international benchmarks.*
4. *The low budget allocation has been manifested in inadequate and poorly motivated health workers, inadequate health infrastructure, essential drug stock outs that ultimately contribute to poor access to services, catastrophic health expenditures and high morbidity rates.*
5. *The paper recommends for substantial and sustained increase in the government health budget, optimising the available resources by addressing wastages, prioritising health promotion, prevention and early interventions, addressing the country's fast growing population and finally institutionalizing the national health insurance scheme.*

1 Uganda Demographic and Health Survey 2016

2 https://knoema.com/atlas/Uganda/topics/Demographics/Mortality/Infant-mortality-rate

3 Uganda Demographic and Health Survey 2016.

4 Uganda Demographic and Health Survey 2016.

5 Annual Health Sector Performance Report for the FY 2017/18

6 Jeremy I Schwartz, David Guwatudde, Rachel Nugent, Charles Mondo Kiiza (2014) Looking at non-communicable diseases in Uganda through a local lens: an analysis using locally derived data

7 Transitioning financial responsibility for health programs from external donors to developing countries: Key issues and recommendations for policy and research Stephen Resch, Robert Hecht J Glob Health. 2018 Jun; 8(1): 010301. Published online 2018 Jan 20. doi: 10.7189/jogh.08.010301

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table 1).

The government of Uganda in its key policy documents, Vision 2040, the National Development Plan (NDPI-2010/11 – 2014/2015, NDPII 2015/16 – 2019/2020) and the Health Sector Development Plan (HSDP2015/16-2019/20) indicates the aspiration to have a healthy and productive population that contributes to socio economic growth and national development. The Health Sector Development Plan (2015-2020) provides that this will be achieved through Universal Health Coverage (UHC). UHC is the aspiration that all people can obtain the health services they need, of good quality and without being exposed to financial hardship.

The quality and quantity of health services today has been noted to be lacking with health facilities facing frequent stock outs of life saving commodities, low provision of services against certain conditions, inadequate or unsafe clinical facilities or practices and inadequate health services infrastructures.

In recognition of these challenges and needs, the Ministry of Health (MoH) in the HSDP indicated the following as its strategic objectives; (i) contributing to the production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services (ii)addressing the key determinants of health through strengthening intersectional collaboration and partnerships, (iii) increasing financial risk protection of households against impoverishment due to health expenditures and (iv) enhancing the health sector competitiveness in the region and globally. In order to achieve these set objectives, and the ultimate goal of UHC, financing for health remains vital. To provide clarity in this area, the MoH articulated the health financing strategy, which lays out financing strategies for the achievement of UHC. The health financing strategy indicates the national budget as a major source for health sector funding to leverage UHC. The financial year (FY) 2018/2019 marks the fourth year of the NDPII, and two years to the realisation of the lower middle-income target set for 2020. The government budget allocation to the health sector for the FY 2018/19 was UGX 2,308.36 billion equivalent to UGX 60,700 ($17.85) per capita.

2. Statement of the problem

Funding for health remains a key constraint facing the health sector in Uganda given the national commitment to UHC and "good health for all Ugandans" under the current global Sustainable Development Goals (SDGs) and Health Sector Development Plan (HSDPII). Over the years, there have been concerns by health sector policy makers, managers and civil society groups over the budget allocation for health. This they say has resulted in health service that are not satisfactory in terms of quality and coverage, and in protecting the vulnerable from financial hardship in accessing care.

The government budget allocation to the health sector increased from USD 290.6m[1] (UGX 660 billion) in FY 2010/11 to USD 622.24m2 (UGX 2,308.36 billion) in the FY 2018/19, more than doubling in dollar terms over the eight years which is commendable. In the FY 2018/19, the government allocated USD 662.24m or USD 17.85 per capita to the health sector. This is lower than the minimum USD 84 per capita amount recommended by WHO for quality care to be provided by any country in sub-Sahara Africa.8 The low health sector budget is likely to undermine the possibility of the country to achieve the required SDG goal number three of good health and well-being given the country's population growth rates, reducing external support and rapidly expanding services required from the health sector annually.

There is therefore a need to analyse the likely impact of government budgetary allocation to the sector, establish the gaps within priority areas and explore explicit actions by government including Parliament to promote appropriate health care financing for the achievement of UHC.

3. Objectives

This paper provides an analysis of trends in the health sector funding with emphasis on budgetary allocations for the period FY 2010/2011-FY2018/19. The analysis was carried out in order to establish the implication of such allocations on the set sector priorities in the NDPI, II and HSDP and implications on health services delivery.

The study is intended to inform policy makers in particular Members of Parliament about the interventions and alternatives that can be adopted to finance the health sector for the achievement of UHC.

In addition, the recommendations provide options for the most feasible ways of allocating the sector budget especially at local government level.

4. Methods

In this analysis, we collected data from different government documents not limited to Budget Framework Papers, National Development Plans, Health Sector Development Plans, and Annual Health Sector Plans among others. Extracted data was analyzed using Micro soft Excel to summarize data into various tables and graphs. Thematic review of key documents and use of the data was undertaken to establish the implications of the budget to health services delivery. Based on the findings, policy recommendations were made in line with the goal of UHC.

8 National Health Accounts FY 2014/15 -2015/16

5. Findings

a) Sources of funding for the health sector.

Uganda's health sector is financed by a number of stakeholders including the government, households, private firms and health development partners.

National Health Accounts (NHA) is a methodology that facilitates estimation of spending by the different sources.

Table 1. Different sources of the Health sector budget funding:

	Current Health Expenditure (UGX Millions)				Share of Current Health Expenditure (%)			
YEAR	Public	Private	Dev't Partners	TOTAL	Public	Private	Dev't Partners	TOTAL
FY2014/2015	739,041	2,015,058	2,112,746	4,866,846	15.2%	41.4%	43.4%	100.0%
FY2015/2016	813,087	2,203,547	2,157,424	5,174,058	15.7%	42.6%	41.7%	100.0%

Adopted from National Health Accounts for the FY 2014/15 and 2015/16

The most recent NHA showed that in FY 2015/16, the private sector contributed the largest share of the budget at 42.6% followed by development partners at 41.7%.This is not very different from FY 2014/15 in which the private sector contributed 41.4% and development partners 43.4%.This data shows that the government is the least contributor when compared with the development partners and the private sector. A more in-depth look at the contribution of the private sector (42.6%) shows that the bulk of funds (37%) are paid out –of-pocket by households[9].

b) Trends in Government Health Budget Allocations –FY 2010/11- FY 2018/19

Over the period 2010/11 to 2018/19, there was an increase in the health sector budget in absolute terms from USD 290.6m (UGX 660 billion) in FY 2010/11 to USD 622.24m (UGX 2,308.36 billion) in 2018/19. However the proportion of the national budget allocated to the heath sector has generally remained below 10% of the national budget far below the 15% Abuja declaration made by leaders of all African countries.

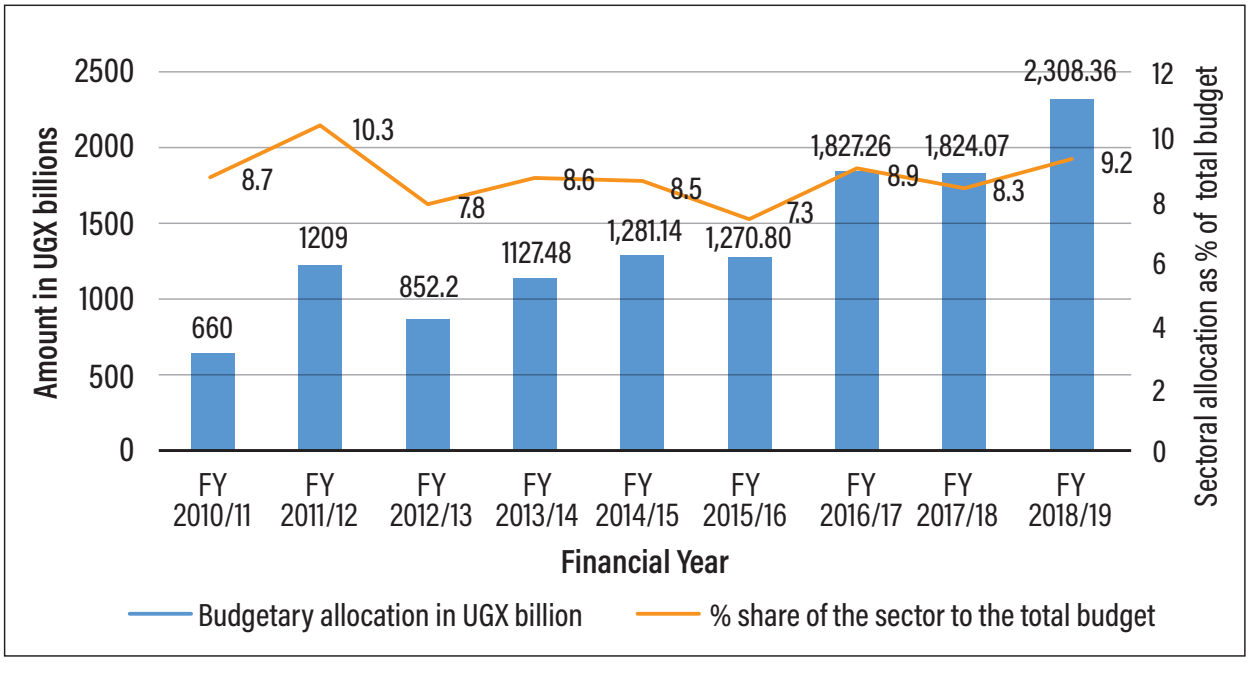

Figure 1: Trends in Government Health Expenditure over the NDP period (FY 2010/11-FY 2018/19)

Source: MoFPED-Back ground to the budget and Annual Health Sector Performance Report (FY2017/18).

Figure 1 shows the budgetary allocations to the health sector over the period FY 2010/11 to FY2018/19 and the corresponding percentage share on the total national budget. The health sector for the last five years has not been among the first four funding priorities for the government. The priorities have been Works and Transport, Interest payments due, Energy and Mineral development and security. In addition, the government budget allocation to the health has been unstable as illustrated in figure 1.

9 Uganda National Health Accounts FY 2014/15-FY 2015/16

It is notable that external sources contribute a significant amount to the budget of the sector. The share of donor support to the health budget increased from 41.6 % in FY 2014/15 to 46.35% in FY 2018/19[10] as shown in the table 2. Over all the contribution of donors in the last five years has been significantly high above 35%. This is in addition to off- budget funding by some of the donors.

Table2. Key Items for the FY2018/19 health budget

Year	External Financing	%	Government Funding	%	Total Health Financing (UGX –Billion)
2014/15	533	41.6	749	58.4	1,282
2015/16	452	35.6	819	64.4	1,271
2016/17	877	46.9	993	53.1	1,870
2017/18	944.36	48.4	1008	51.6	1,952.36
2018/19	1,069.96	46.35%	1,238.39	53.6%	2,308.35

Source: Annual Health sector Performance Report (AHSPR-FY2017/18)

c) Sectorial priorities and allocation of funds.

The health budget is allocated to different levels and institutions across sectors given the national priorities and the different institutions mandates.

Table 3: Allocation of the FY 2018/19 health budget according to different institutions

Institution	Wage	Non-Wage	GoU Devt	Donor	2018/19	% allocation in FY2018/19	2017/18	% allocation in FY2017/18	%change
MOH/ Central Govt Agencies									
Ministry of Health	11.419	64.673	51.749	1,003.06	1,130.90	49	971.74	53.3	16.38
Uganda Aids Commission	1.32	5.411	0.128	0	6.859	0.3	7.23	0.4	-5.13
Uganda Cancer Institute	4.739	10.261	11.929	64.263	91.192	4	50.34	2.8	81.15
Uganda Heart Institute	4.201	4.796	4.5	0	13.497	0.6	12.01	0.7	12.38
National Medical Stores	9.913	267.051	0	0	276.964	12	237.96	13	16.39
KCCA Health grant	14.933	1.321	0.938	0	17.191	0.7	16.6	0.9	3.56
Health Service Commission	2.559	3.582	0.263	0	6.404	0.3	5.42	0.3	18.15
Uganda Virus Research Inst	1.541	5.176	0.4	0	7.117	0.3	1.83	0.1	288.91
Uganda Blood Transfusion Services	3.838	12.465	2.87	0	19.172	0.8	9.44	0.5	103.09
Hospital care									
Mulago Hospital Complex	33.888	23.598	6.02	0	63.506	2.8	66.51	3.6	-4.52
Butabika Hospital	5.423	5.821	1.808	0	13.052	0.6	11.02	0.6	18.44
Regional Referral Hospitals	4.849	3.422	1.06	0	123.868	5.4	90.73	5	36.52
Primary Health Care									
Local Governments	424.513	39.919	71.561	2.646	538.639	23.3	343.238	18.8	56.93
Total	591.72	473.19	173.48	1,069.96	2,308.36	100	1,824.07	100	26.55

Source: Adopted from the National Budget Framework paper for FY 2018/19-FY22/23

The bulk of service delivery takes place at health facilities including the national referral hospitals (Mulago and Bukabika), the regional referral hospitals and within the local governments. The local governments are responsible for general hospital and health centre levels I to IV. The different levels of health system are expected to deliver in an integrated manner in line with the Uganda National Minimum Health Care Package (UNMHCP). In addition to the health services delivered at the health facilities, the health sector has stewardship/management responsibilities

10 Computed from the Annual Health sector performance report FY 2017/18

which are carried out by the Ministry of Health and Local governments.

Table 3 above, shows various health institutions and how much they were allocated in the FY 2018/19 budget. The institutions with the highest funding were MoH Headquarters which was allocated UGX 1.130 trillion (49%), Local Governments, UGX 539 billion (23%), National Medical Stores (NMS) UGX 277 billion (12%), Regional Referral Hospitals UGX 124 billion (5%), Uganda Cancer Institute UGX 91 billion (4%) and Mulago Hospital UGX 64 billion (3%).

The bulk of the on-budget donor portfolio is reflected against the MoH headquarters budget, although it's actually spent in different entities and at different levels of the health system. The funding under local governments is intended for service delivery and management at health centres and General Hospitals, the District Health Office and the Private not for Profit health facilities. The NMS budget is intended for medicines and health supplies at all the public health facilities from the health centres through to the National Referral Hospital. Generally, there was an increase in allocations to all institution except Uganda Aids Commission and Mulago Hospital. The biggest proportionate increase were at the local governments and Cancer Institute.

By reflecting on the broader goal of achieving vision 2040, the key aspirations and strategic objectives3 of HSDP, the health sector selected several key issues to prioritise for the FY 2018/19 highlighted here below;

Strengthening the national health system

Strong and resilient health systems are a prerequisite for effective service delivery. Over the HSDP period, several initiatives have been undertaken to strengthen the national Health system. In the FY 2018/19, as reflected in table 3 above, the Ministry of Health was allocated 1.130 trillion (49%) of the sector budget and Local governments 539 billion (23%) of the budget. These are the core institutions of the national health system working as both stewards and service providers.

In the FY 2018/19, efforts were put on improving the functionality of health facilities and addressing the human resource challenges in the sector in terms of attraction, motivation, retention, training of health workers. In particular, UGX 150 bn was allocated for wage enhancement of health workers, UGX 9 billion were allocated to Uganda Blood Transfusion Services (UBTS) for enhancing blood collection to support maternity, child and emergency health services and UGX 7 billion were allocated to UCI for stocking of specialised (cancer management) medicines. There was also an increase in the budgetary allocation to The National Medical Stores from UGX 237.96bn in FY 207/18 to UGX 300.09bn in FY 2018/19 representing the per capita of UGX 7,727 for provision of Essential Medicines & Health Supplies.

Disease prevention, mitigation and control

Malaria is still the leading cause of illness for all age groups accounting for 29.5% of all OPD attendances followed by no pneumonia (cough or cold) at 26.9%, urinary tract infections at 4.5%, and intestinal worms at 4%[11] yet are all preventable diseases. Investing in disease prevention, mitigation and control provides a good avenue for future saving of the health sector budget. The health promotion, disease prevention and mitigation agenda is best served by programmes designed, organised, and resourced at community level[12]. In FY 2018/19, UGX 3.2 billion was allocated for the recruitment of Community Health Extension Workers recruitment. Other intervention under this area include, an increase in the budgetary allocation of the Uganda Virus Research Institute from UGX 1.83b in FY 2017/18 to UGX 7.117b in FY 2018/19 in addition to substantial proportion that comes from donors for controlling diseases like HIV/AIDS, Malaria and TB.

Health infrastructure development including rehabilitation of referral hospitals and extending services nearer to the people

Improving health infrastructure was one of the priorities of the government budget for FY 2018/19. The medium term objective is to ensure that all sub counties have functional HC IIIs by 2020. Funds were provided for upgrading 41 HC IIs to HC IIIs worth UGX 62b and renovation of 40 HC IIIs in 56 districts. The government also approved the UGX 1.5tn for the construction of the 240 bed International Specialized Hospital at Lubowa.

d) Comparing current funding to the requirements.

According to the NDPII, several sectors were expected to achieve certain targets if Uganda is to reach middle-income status by 2020[13]. For the health sector in particular, a number of targets were set, but according to the FY budget allocations, the sector has been receiving funds far below the set targets.

11 Annual Health Sector Performance Report for the FY 2017/18

12 Freddie Ssengooba SNK, Elizeus Rutebemberwa, Elizabeth Ekirapa-Kiracho. Universal Health Coverage in Uganda. Makerere University, School of Public Health; 2018

13 Second National Development Plan (NDPII) 2015/16 – 2019/20

Table 4: Funding Gap analysis for the HSDP for the period FY 2015/16 -2019/20

Investment domain	Resource requirements (US $ Millions)					
	2015/16	2016/17	2017/18	2018/19	2019/20	TOTAL
Resources Requirements	2,245.49	2,633.19	3,386.97	3,528.26	3,789.32	15,583.23
Funding Allocations						
GOU	489.662	504.3519	519.4824	535.0669	551.1189	2,599.682
Bilateral Partners	766.64	804.97	845.22	887.48	931.85	4,236.16
Multilateral Partners	140.77	147.81	155.2	162.96	171.1	777.84
Private Foreign donors	10.44	10.96	11.51	12.08	12.69	57.68
Private sector						0.00
Household Out of Pocket	557.64	568.79	580.16	591.77	603.6	2,901.96
Private firms	105.45	107.56	109.71	111.91	114.15	548.78
Total Allocation	2,070.60	2,144.44	2,221.28	2,301.27	2,384.51	11,122.10
Funding Gap	**174.89**	**488.75**	**1,165.69**	**1,226.99**	**1,404.81**	**4,461.13**
Funding Gap %	**7.79%**	**18.56%**	**34.42%**	**34.78%**	**37.07%**	**28.63%**

Source: GoU/MoH - HSDP2015/16-2019/20

Table 4, summarizes all different sources of funds for health in Uganda against the set financing targets in the HSDP. The analysis shows that over the study period, the health sector funding gap has been increasing from 7.79% in the FY 2015/16 to 34.42% in the FY 2018/19. For the FY 2018/19, the funding gap was UGX 1,227m (34.78%) as graphically presented in **figure 2** below.

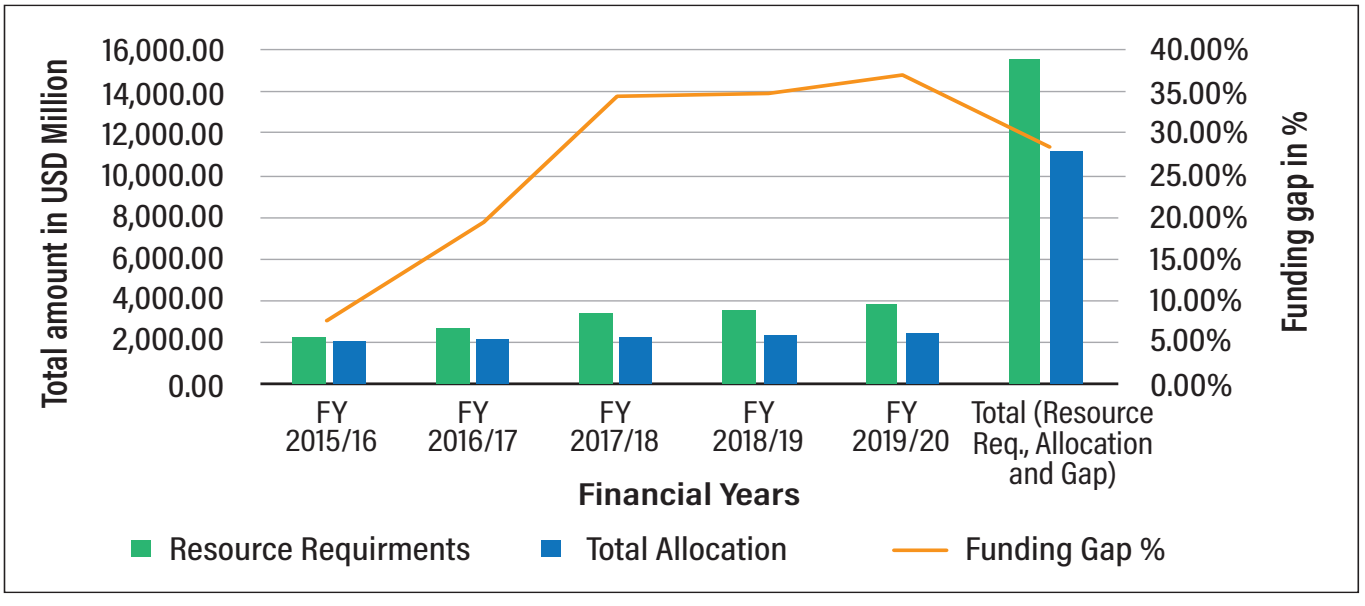

Figure 2: Graphical representation of the health sector funding gap in relation to the HSDP requirement.

Source: GoU/MoH - HSDP2015/16-2019/20

Table 5: Alignment of Budget Framework Paper (BFP) for the FY 2017/18 and FY 2018/19 with the NDPII public costing.

Bn shs	Wage	Non-wage	Devt	Total
NDPII Set Target	573	340	1799	2,712
BFP allocations for FY 2018/19	400.86	446.81	788	1,655.68
Funding Gap	172.14	+106.81	1,011	1056.32
NDPII set Target	546	262	1413	2,221
BFP 2017/18	400.86	408.43	1015	1,824.29
Funding Gap	145.14	+146.43	398	396.71

Source: National Budget Framework Paper FY 2018/19 – FY 2022/23

The **table 5** above, show that for the two financial years, the overall sectoral budget allocations did not hit the targets especially wage and development.

Given the discussed priorities above, a comparison between the current and committed funding vis-a-vis the current and future resource needs of Uganda's health sector as summarized in the HSDP show a significant unmet funding needs.

According to the MoH BFP, clinical and public health, health monitoring and quality assurance and health research were less or the unfunded in FY 2018/19.

6) Implications of insufficient budget and allocations on the quality and quantity of health services and UHC.

As seen in the previous section, efforts were made by the MoH and stakeholders to allocate the available budget resources to the sector priorities. However in relation to UHC, the low funding to the health sector has significant implications on the quality and quantities of health services provided, population coverage and financial risk protection.

a) Quality and quantities of services.

Underfunding of the health affects a number of health sector variables in terms of quality and quantities of health services provided. This is illustrated by essential drug stocks outs at facilities, low staffing levels, poor infrastructure and failure to undertake interventions that would have potential to reduce disease burden.

Human resources for health: The proportion of filled vacancies in the health sector increased from 56 percent in 2009/10 to 73% in 2016/17. There remains significant disparities in staffing between rural and urban settings; and across districts particularly among midwives and doctors.14 i.e. 45,029 out of the 61,796 approved posts were filled in the public sector leaving a gap of 16767 vacant positions viz viz 83% target in HSDP. The number of health workers per 1,000 population in Uganda however is still far below the WHO threshold of 2.5 medical staff (doctors, nurses and midwives) per 1,000 population. Many factors contribute to this gap[4] including low budget allocated to the health sector. In FY 2018/19 substantial funding was provided for wage enhancement (UGX 150bn) but this was after many years of stagnation and industrial actions. The salaries of Ugandan health workers are among the lowest in the region which has led to brain drain in the field of health. The poor salaries have been related to the low motivation of health workers exemplified by high levels of absenteeism (at 22%) and poor attitude towards clients[15]

Health Infrastructure: The availability proper infrastructure is key in delivering quality health services. Health Infrastructure comprising of buildings - both medical & non-medical; Equipment - medical equipment, furniture and hospital plant; Communications (ICT equipment); and Ambulatory systems (ambulances, vans, trucks, etc) are all required for healthcare delivery at different levels. The functionality of some health facilities particularly level four health centres remains sub-optimal largely due to inadequate staff housing and equipment. In the FY 2018/19, the government proposed to upgrade 41 HC IIs to HC IIIs and renovate 40 HC IIIs in 56 districts, Upgrade 124 HC IIs to IIIs at the cost of UGX 62 bn as well as health infrastructure maintenance at the cost of UGX 7.36 bn. Given the population growth rate, more funding for health infrastructure is necessary if quality health services are to be delivered to people and if the target of having 317 HCIII facilities proposed in HSDP is to be realised.

Medicines, Medical Products, Vaccines and Technologies: The National policy on medical products and health technologies advocates for zero tolerance to stock out of Essential Medicines and Health Supplies (EMHS). However, facilities which face regular stock out of essential medicines are still many at 43%[16]. As a result, some areas are usually under prioritised by the government and the burden left out to donors whose reliability is not dependable reflecting on sustainability perspective.

b) Coverage and risk protection.

Low health budget adversely affects more the poorest people who cannot afford alternatives to health care other than from government health facilities. The Uganda National Household Survey (2016/17) showed that 34 percent of patients visited government health facilities. The proportion of the population seeking healthcare from government health facilities has remained the same for FY 2012/13 and 2016/17[17], this is mainly attributed to the quality of services provided, and the distance one has to travel to reach the nearby public facilities. That is; about 13.9% travel more than 5

14 MoH-Standard Operating Procedures for Integrated Human Resources for Health Information System (HRIS)-2017

15 Annual Health Sector Performance Review report –FY 2017/18

16 The Annual Health Sector Performance Report (AHSPR) 2017/18

17 Uganda National Household Survey, 2016/17

KMs to the nearby health facility[18]. All these affect the key element of UHC which calls for general coverage and risk protection.

b) Morbidity and mortality

Uganda government's efforts and interventions to improve the health of population has led to improvement in infant mortality rates, under five mortality rate etc which has been applauded by different stakeholders. Morbidity caused by preventable diseases like malaria is still high. At 336 deaths per 100,000 live births, the country's maternal mortality rate is still among the highest on the continent and in the world. In addition the country's neonatal mortality rates are still high coupled with inadequate maternal emergency services. The inability to address poor quality of services, increasing the coverage of care among others has continued to contribute to high morality and mobility rates in the country.

7) How to mitigate the implications of the limited budget

In view of the health sector funding gap and needs as spelt out in the previous sections, a number of policy measures are proposed here for the policy makers especially Members of parliament.

(i) Increase the health budget

There is need to increase the health sector budget. Uganda signed the Abuja declaration that set a target of allocating at least 15% of the country's annual budget to improve the health sector. The per capita government on expenditure on health of USD17.85 per capita is still below the USD 84 per capita amount recommended by WHO for quality care to be provided by any country in sub-Sahara Africa.

Members of Parliament should press for increase in the health sector budget and, for government to make health a higher priority in existing government spending in the Budget Frame work papers and Medium-Term Expenditure Frameworks. Also emphasize the need for health budget to be more predictable to improve planning in annual and medium term given the fact that External aid providers are beginning to reduce their contribution to health and expect government to take over the responsibility of financing the health program from domestic resources.

(ii) Optimize the limited resources by addressing wastage

There is need for policy makers to press for efficiency in the way funds are used to minimize waste. Address issues and gaps in EMHS procurement, management, distribution and accountability systems in Uganda which have been reported as one of the causes of wastages. There is need for better planning, procurement and management of EMHS. Ensure a joint procurement plan between NMS and third parties, in order to avoid over supply, duplication, wastage and expiry of drugs.

(iii) Prioritize health promotion, prevention and early intervention

There is also need for policy makers to ensure that the limited resources are invested in high impact interventions. Most of the diseases on which a lot of money is spent in health facilities in Uganda are preventable. There has been an increase in incidences of non-communicable diseases (cancer, diabetes, hypertension and chronic respiratory diseases) in Uganda. These require a holistic approach to healthcare with prevention at the core of delivery and funding of community interventions so as to reduce the government expenditure. Members of Parliament should work to allocate more resources to prevention and to invest in education, sensitization and mobilization of communities to take charge of their own health. For malaria, Members of Parliament should advocate for the national wide implementation of the Indoor Residual Spraying (IRS) for malaria since the intervention proved to be effective where it was used and the costs (UGX 235Bn) for its implementation are manageable.

(iv) Ensure institutionalization of the National Health Insurance Scheme (NHIS)

The NHIS is a contributory health financing mechanism, in which members pay a premium in exchange for a defined package of services, containing elements from both formal and informal employment sectors. With national health insurance, equity in provision of health services will be ensured in long run and the government will have another pool of resources to fund health services in the country. It is important to note that for Uganda's socioeconomic substructure a mixture of various health insurance tools would be required. Members of Parliament should ensure that there is consideration of the various factors, such as the prevailing economic situation, the structure of the labour market, the degree of urbanization, etc to ensure fairness in terms of premium charged.

(v) Address the country's fast-growing population

Uganda has the third highest fertility rate in the

18 Uganda National Household Survey, 2016/17

world at 5.82 births per woman and a high population growth rate of 3.2 percent. Members of Parliament should ensure government devises effective strategies to manage the fast-growing population. Although the government has invested in education and family planning to slow the rate at which Ugandans give birth, these efforts remain insufficient. There is need to manage the rapidly growing population by increasing access to education and utilization of family planning.

Endnotes

1 Exchange rate 1$=UG2271 –BOU- 2011

2 Exchange rate 1$=UGX3709.70-BoU-2018

3 1) To contribute to production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services, 2) To address the key determinants of health through strengthening intersectional collaboration and partnerships, 3) To increase financial risk protection of households against impoverishment due to health expenditures, 4) To enhance the health sector competitiveness in the region and globally.

4 Underproduction of some priority cadres (e.g. anaesthetists, pharmacy technicians, theatre attendants, environmental health officers and cold chain technicians, etc) and poor quality of some trained the graduates.

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Speed
FOR UNIVERSAL HEALTH COVERAGE IN UGANDA