Weekly Edition

Vol: 387

11th-15th April 2022

UGANDA'S AILING HEALTH SECTOR CAN BE REDEEMED

1. PREAMBLE.

Service Delivery Standards for the health sector in Uganda indicate what level of health care is guaranteed, what kinds of service will be offered, where resources are to be concentrated, and what alternatives are available and accessible as well as what quality of health care citizens are to receive. One of the biggest threats to the accessibility of healthcare services in Uganda is the privatization of health services. Relatedly, the continued underfunding of healthcare largely because of increased commercialization and commodification of the health sector. According to Ministry of Health, 54.7% of the health facilities in Uganda are privately owned.

Government expenditure on health care hovering between 7-9% of the total budget below the 15% ABUJA DECLARATION target which African union governments committed to in 2001 with Health Sector accounting for 6.1% of the national budget in FY 2020/21 down from 7.2% in FY 2019/2020.

2. UGANDA'S PUBLIC HEALTH SYSTEM IS POORLY FUNDED

Uganda's health sector remains significantly under-funded, mainly relying on private sources of financing and donor partners, especially out-of-pocket spending. At 9% of total government expenditure, public spending on health is far below the Abuja target of 15%. It is this nature of underfunding that has resulted in the privatization of the Health sector in Uganda with a large proportion of those accessing health services in the country having to pay for their healthcare services.

Health care financing for many African countries including Uganda comes from tax revenues, donor funds through health projects and Global Health Initiatives as well as out-of-pocket expenditure. Out-of-pocket spending are expenditures borne directly by a patient where insurance does not cover the full cost of the health good or service. They include cost-sharing, self-medication and other expenditure paid directly by private households. Whereas Services at all government health facilities are free to everyone since 2001, the removal of user fees was an excellent reform as far as equity is concerned, but the relatively poor quality of services in public health facilities has created a two-tier system in access to services. The poor are left to access the free but poor quality services while the relatively rich access services in the private health facilities of relatively better quality but have to pay for them.

At the height of the Covid-19 pandemic in 2020-2021, Government Covid-19 treatment Centers were filling up to capacity with patients seeking admission and treatment, the growing number of Covid-19 patients meant that some had to seek treatment from private health facilities. At the private facilitates, families of the sick were being asked to make exorbitant payments as a condition for admission and treatment of their beloved ones, something that left a number of financially constrained families stranded with their patients without the appropriate medical treatment and in some cases dead bodies detained in private facilities for failure to clear medical fees. Some private facilities charged up to UGX5 million shillings ($1400) per day to treat a critically ill patient. These extortionate fees for treatment have been extended to accessing the necessary public health infrastructure and this points to failure by Government to check and regulate private health facilities.

4. PRIORITIZING HEALTH

To achieve sustainable Health system in Uganda; i) Government should honor its commitment to the Abuja declaration and increase resource allocation to the health sector budget in general and to hospitals to cater for administrative, medical and development costs in the regional referral hospitals. This will enable the referral hospitals to improve their operational capacity and be more effective and efficient in health service delivery than they are now.

ii) Government needs to step up its efforts of mobilizing resources, particularly from domestic sources to bridge the funding gap in the health sector, especially for development expenditure in addition to adaptation of alternate financing for health like the National Health Insurance Scheme.

iii) Strengthen and improve the existing regulatory framework and environment for private actors by amending existing legislation for private health insurance in Uganda, for example, by developing guidelines on benefit packages and ensuring private prepayment schemes are integrated with the larger Government funding pool.

iv) Given the prevailing poverty vis-a-vis the high cost of medical treatment, the need for health insurance has never been more critical. Sickness of a poor Ugandan should not spell a death sentence. Parliament should therefore fast track expediting of the long awaited Medical Insurance Scheme, so that at least every Ugandan has an opportunity to get medical services regardless of their social economic status.

UDN IN MEDIA.

Above; UDN's Christine Byiringiro speaking on the Covid vaccine funds in an investigative documentary on the billions of shillings Government of Uganda allocated for vaccine purchase.


Panorama

Questions swirl around govt


www.monitor.co.ug

Panorama

Covid vaccine purchases

Media Links;

1) Where are the billions allocated for procurement of COVID 19 vaccines? https://youtu.be/jDJz1DgUSSQ
2) Questions swirl around govt Covid vaccine purchases. vaccine purchases; https://www.monitor.co.ug/uganda/special-reports/questions-swirl-around-govt-covid-vaccine-purchases-3770626

UDN appreciates support by: UDN Membership; DCA; Save the Children in Uganda; OSIEA, Inspectorate of Government; IBP, Trocaire and NDI.

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