



JAS Programme

Joint Advocacy for Sexual Reproductive
Health and Rights in Uganda

CSO POSITION PAPER ON

**HEALTH SUB-PROGRAMME IN RESPONSE
TO THE NATIONAL BUDGET FRAMEWORK
PAPER FINANCIAL YEAR 2022/23**

JANUARY 2022



CEHURD
social justice in health



Sweden
Sverige

1.0. INTRODUCTION AND BACKGROUND

1.1 Introduction

The Uganda Vision 2040 identifies human capital development as a key driver of economic transformation and development through the harnessing of the potential demographic dividend (DD). The Human Capital Development Programme contributes to the NDP III goal by improving the productivity of labour for increased competitiveness and better quality of life for all. The programme combines issues from education, health and social development sectors.

The health sector continues to pursue the goal of accelerating progress towards Universal Health Coverage (UHC) with a focus on Primary Health Care (PHC) and improving population health safety. The focus is on reducing the burden of preventable diseases and conditions including malnutrition across various age groups and geographic areas; reducing preventable maternal, neonatal, child and adolescents' deaths; improving access to sexual and reproductive health and rights information and services and strengthening health systems and its support systems to optimise the delivery of quality health care services.

The budget priorities for the health sub-programme includes, among others, fast-tracking the National Health Insurance Policy, establishing the national ambulance system to reduce the cost of services on government and functionalising the existing public health systems¹

This position paper presents findings from a rapid assessment and monitoring of health facilities conducted by Center for Health, Human Rights and Development (CEHURD) and her partners in the districts of Arua, Mityana and Mayuge. The findings were triangulated by available documentary evidence. The report provides key best practices, challenges and makes recommendations for improvement of the quality of health.

1. The First Budget Call circular on the preparation of the Budget Framework Papers and preliminary budget estimates for the financial year 2022/23

1.2 Performance of the health sub-programme against NDP III key result areas

Under the National Development Plan III, the Health sub-programme contributes to six key result areas with a total of 31 indicators. In terms of performance, the sub-programme achieved 12 indicators representing 38.7 per cent, made some progress in four indicators representing 12.9 per cent, and did not achieve six targets. Financing issues including the establishment of a health insurance scheme remain largely unresolved over the years and could contribute towards this performance.

2.0. PROGRAMME/SUBPROGRAMME ISSUES/CONCERNS

2.1 Human Resources for Health

Uganda continues to grapple with the challenge of limited human resources for health² and contestations about salary enhancement and this greatly affects the quality of maternal health care. Health systems can only function well when they have a healthy workforce with sufficient numbers, and equitably distributed health staff that is competent, responsive, motivated and productive³. According to the Ministry of Health, 74 per cent⁴ of the approved staffing norms have been filled. This is against the target of having 80 per cent of the approved positions filled by the end of 2020⁵. The current staffing levels do not enable the health facilities to provide adequate health services following the Ministry of Health guidelines. The current staff norms have not been revised since 1999 when Uganda had a population of 21 million people and have not therefore been adjusted to the rapid population growth, the changing epidemiologic trends and increasing life expectancy⁶. Apart from the staffing gaps, the distribution of health workers around the country is also important to take note of as most rural areas are underserved.

The quality of antenatal care and deliveries assisted by skilled health

2. Ministry of Health Uganda: The Annual Health Sector Performance report, 2020/21

3. World Health Organization: Global Strategy on human Resources for Health: Workforce 2030

4. The Ministry of Health Uganda: The Annual Health Sector Performance Report, 2020/21

5. Ministry of Health Uganda: Health Sector Development Plan 2015/16- 2019/20

6. WEMOS AND ACHEST: Uganda's Human Resources for Health: Paradoxes and dilemmas

professionals can prevent unnecessary maternal and perinatal deaths. One of the strategies to improve the survival rates and health of women and newborns is to ensure that deliveries are conducted by skilled birth attendants. During monitoring visits by CEHURD in December 2021 in the districts of Arua, Mityana and Mayuge, it was evident that most health facilities were operating with fewer members of staff and this affected the quality of service delivered by the health facilities. In some of the health facilities, the health users complained of being harassed by health workers and this could be partly attributed to exhaustion among staff. During the recent strike by health workers, one of their key demands was that government fills all approved staffing positions to enable them effectively execute mandates. In the 2022/23 budget framework paper, wage enhancement remained one of the unfunded priorities amounting to 47.9Bn shillings.

Recommendation

The government needs to invest resources to attract, recruit, motivate and retain staff in the public health facilities. These should include the recruitment of midwives and other relevant staff that enhance access to quality maternal health services. The allocation should cater to wage enhancement agreed between Uganda Medical Association and the government during the negotiation and also cater for recruitment of additional staff to fill gaps. The budget for 2022/23 should segregate between wage enhancement and recruitment of additional staff.

2.2 Limited access to family planning services and related teenage and unplanned pregnancies

While the fertility rates have over the years witnessed a steady reduction, they remain some of the highest rates globally at 4.82 per cent⁷. To respond to this, Uganda is committed to scaling up the use of modern family planning methods to ensure that every Ugandan woman can choose when and how many children to have. In 2021, the Government of Uganda made

7. <https://www.google.com/search?channel=nrow5&client=firefox-b-d&q=uganada%27s+fertility+rate>

commitments to increase equitable access and voluntary use of modern contraceptive methods for all women and couples; and increase funding for adolescent sexual and reproductive programmes according to Uganda Family Planning Commitments 2030. Young people particularly have limited access to sexual health-related information due to limited access to youth-friendly services and centres. Increasing investment in family planning services and ensuring their uptake will lead to a reduction in population growth rates and fertility rates. This will address the dependency burden in the long term while improving the quality of life and in the long run enable the country to harvest the demographic dividends.

Recommendation

- As part of the improvement of adolescent health, there is a need to allocate resources for the provision of youth-friendly health services, establishment of community adolescent and youth-friendly spaces at the sub-county level, and including youth among the Village Health Teams (VHTs) and increasing access to Sexual Reproductive Health and Rights (SRHR) with special focus on family planning services and harmonised information
- The parliament needs to call on the Ministry of Health to ensure that family planning services have their budget line for improved funding and monitoring. Currently, family planning commodities are lumped together under SRHR commodities and a bulk of the resources here go towards catering for Mama Kits.
- The government needs to implement the court decision in Center for Health, Human Rights and Development Versus Attorney General and Another Miscellaneous Cause No. 309 of 2016 called on the government to put in place a comprehensive Sexuality Education Policy.

2.3 Limited access to blood

Haemorrhage continues to be the leading cause of maternal death, contributing 42 per cent of all deaths reviewed, with postpartum haemorrhage contributing to 90% of all haemorrhage cases reported. 36 per cent of maternal deaths occurred among young mothers under 24 years who should have been in school, contributing up to 10 per cent of all maternal deaths.⁸ A total of 63 Health Centre (HC) IVs conducted Caesarean sections without blood transfusion services and 31 HC IVs did not provide any emergency obstetric care services in FY 2020/21 this is down from 38 per cent in 2019/20-21. Up to 50 per cent of Health Centre IVs do not provide blood transfusion services and newly upgraded health centre IVs lack staff and equipment. It is estimated that 8,400 mothers are being unnecessarily referred to regional referral hospitals because the HC IVs cannot perform obstetric care due to the lack of blood supplies and capacity to conduct transfusion. Delays to seek maternal services has over time been reported to be one of the major causes of maternal death and this situation is worsened by lack of an ambulance service. Installation of blood fridges at HC IVs would allow these patients to receive on-site care and reduce unnecessary referrals, saving time and effort of the specialised medical staff at the regional hospitals, and reducing transportation and referral costs. With increased investment in blood collection, processing and distribution, the country saves costs associated with unnecessary referral of patients, relieve higher health facilities the burden of attending the patients that would have been otherwise been managed by lower health facilities and more importantly lower the maternal death arising from delayed referral. The Ministry of Health notes that one of the common causes of maternal death is a delay in reaching health facilities.

8. Annual Health Sector Performance Report, 2019/20

Recommendation

- Allocate resources to ensure that all health centre IVs have operational blood fridges to ensure the continuous supply of blood. This will ensure that they are capable of conducting caesarean operations and blood transfusion at the facility. Installation of these blood fridges will allow these patients to receive on-site care, reduce unnecessary referrals, save time and effort of the specialized medical staff at the regional hospitals, and reduce transportation costs.
- Establish regional blood banks at the regional referral hospital to be able to easily collect and process blood. Easy access to blood, at the regional level, motivates the communities to donate more blood as they are the primary beneficiaries of the blood. This will easily serve the blood needs of health centres III and IV where 70 per cent of the deliveries in Uganda occur.
- Increase funding to Uganda Blood Transfusion services by UGX 5 billion from the Medium-Term Expenditure Framework target of UGX 17 billion to cater for stepping up blood collection and processing. This is following the Budget committee recommendation in the 2021/22 financial year ⁹

2.4 Health Financing

Uganda continues to have the lowest expenditure on health as a percentage of the national budget when compared to three East African countries of Kenya, Rwanda and Tanzania .¹⁰Over the last six years, the budget for the health sector has dwindled from 8.9 per cent in 2016/17 to 6.1 per cent in 2020/2021 while the population to be served has increased on an annual average of three per cent. In terms of the share of the government contribution to the health budget, there has been a 14 per cent decline from 74 per cent in 2011/12 to 60 per cent in

9. Parliament of Uganda: Report of the budget committee on the Budget Framework paper for the Financial Year 2021/22- FY 2025/26

10. African Union and The Global Fund. Africa Scorecard on Domestic Financing for Health, 2019. <https://scorecard.africa/viewcountry/UG>

2021/22. On the other hand, the share of external financing as a percentage of the total health budget has increased by 17 per cent in the past 10 years from 26 per cent in 2011/12 to 43 per cent in 2021/22. In the 2021/22 Financial Year, 93 per cent of government contribution to the overall health budget was on recurrent expenditure and only seven per cent on development expenditure.¹¹ The implication is that the development component of the health sub-programme has been left to development partners. To ensure the sustainability of the health sector financing, it is imperative that government spending is increased.

Current allocation to the health sector is not in line with the 5-year (2020/21-2021/25) human Capital Development program implementation Action Plan (PIAP). For example, in the 2021/22 financial year, the PIAP projected an allocation of UGX 9086.85 billion but the health sub-programme's actual allocation was 2,781.17 leaving a funding deficit of UGX 6305.68 billion. The lack of alignment in funding means that the sub-programme is not able to effectively deliver on its mandate. The above financing challenges have a direct bearing on the quality of maternal health services provided.

The increased cost of Health Care

Over the last 10 years, out of pocket health expenditure has increased to the current 42 per cent of the total expenditure. The World Health Organization (WHO) notes that expenditure of over 20 per cent exposes households to catastrophic expenditure. As such, this level of out-of-pocket health expenditure compromises households' consumption of other basic needs and pushes more than four per cent of the population below the poverty line by these health expenses¹². Without addressing the burden of the cost of health care, other wealth creation projects like operation wealth creation, the Parish Model, Emyooga will not bear fruit as communities will divert these resources to meet the cost of health care once hit by a major health emergency. It is therefore imperative for government to prioritize the strengthening of the health care system. By increasing investment in health, households will be able to

11. Ministry of Health, Uganda: Annual Health sector Performance report- 2020/21

12. Kwesiga B, Zikusooka CM, Ataguba JB. Assessing catastrophic and impoverishing effects of health care payments

save more and invest leading to increased household incomes. Similarly, women who bear more responsibility for taking care of patients will be relieved to engage in more economic work.

In course of monitoring of maternal health delivery, referrals, absence of medicines in health facilities, demand for illegal payments were some of the most reported factors driving up the cost of health care.

In 2016 the government of Uganda developed a health financing strategy to facilitate the attainment of the SDG3 commitment of ensuring Universal Health Coverage. This is to be achieved by making available the required resources for the delivery of essential health services for Ugandans efficiently and equitably. One of the objectives of the health financing strategy is to establish and roll out a social health protection system and reach 30 per cent of the people of Uganda by 2025¹³. Relatedly, in 2020 the constitutional court in Constitutional Petition No. 16 of 2011, directed the government to increase funding towards maternal health

Recommendations

- To increase financing for health, Parliament needs to expedite the passing and operationalization of the National Health Insurance law. This will unlock resources for deployment into the financing of the health system.
- In the same vein, the government needs to operationalize the HIV/AIDS Trust fund as provided in the HIV/AIDS prevention and control Act, 2014.
- The government needs to allocate additional resources to improve the operationalisation of health delivery. Additional resources should address the need for increased investment in the procurement of medicines, recruitment and retention of staff, Operation and maintenance of equipment among others.

13. Ministry of Health: Health Financing strategy, 2016-2025

2.5 Low investment in Primary health care

Primary Health Care has come to be known as the bedrock of health systems around the world and as the foundation on which Universal Health Care is built. Countries with strong Primary Health Care programs report better health outcomes. Uganda's handwashing rate rose to an unprecedented 86% in 3 months during the COVID-19 period. . The COVID-19 Pandemic demonstrated the importance of having a robust Primary Health Care System. According to Primary Health Care Non-Wage Recurrent Grant and Budget Guidelines to Health Center II, III and IV and General Hospitals, Health Center 11 was allocated UGX2 million, Health Center III was allocated UGX4 million and Health Center IV was allocated UGX8 million for the FY 2020/21.¹⁴ These funds are supposed to cater for the general running of the facility, outreaches and immunisation, fuel for ambulances, payment for utilities, support supervision of lower facilities, Health Unit Management Committee allowances, among others. Besides being meagre, funding for health facilities is conditional and this limits the flexibility of managers in the utilisation of these funds. Due to low funding, health facilities are unable to provide effective health care services for citizens. In the 2021/22 Financial Year, the Ministry of Health indicated a shortfall of 30bn for the funding of VHTs¹⁵

Recommendation

Government should restructure its budget to ensure that budget allocation to local government health services takes over 60 per cent of the sector budget. In addition, Local Governments should be given some flexibility in the utilisation of funds. This will enable them to improve health service provision, especially primary health care.

2.6 Equipment Maintenance

The existence of functional equipment can sometimes be the difference

14. Primary Health Care Non-Wage Recurrent Grant and Budget Guidelines to Health Centre II, III and IV and General Hospitals FY 2021/22

15. Ministerial Policy Statement for the Financial Year 2021/22

between life and death, yet in most health facilities equipment are either lacking or have broken down. Previous investment in equipping public health facilities have gone to waste because of the limited allocation to cater for maintenance of equipment. Several health facilities have also been upgraded¹⁶ from either health centre II to Health centre III or from Health Centre III to Health Centre IV and as such need to be equipped with the requisite equipment. Unfortunately, a perusal of the National Budget Framework Paper 2022/23 shows that this remains an unfunded priority for the Ministry of Health. The media has consistently reported several health facilities that are incapable of providing some services for example scanning for pregnant mothers, X-ray services etc because of broken-down equipment.

Recommendation

There is a need to prioritise the allocation of resources to cater for equipment maintenance and to equip the regional workshops. However, the ministry needs to ensure the implementation of recommendations of the Auditor General of ensuring adequate planning before procurement. This includes ensuring the existence of manpower to man the equipment, plan for maintenance of the equipment and presence of space for installation of the equipment.

Members who participated in the Budget Advocacy

This position paper was prepared with inputs from;

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Peer To Peer Uganda
Youth Advocacy and Development Network UGANDA
Tororo forum for people living with HIV network
The Community Agenda
Voluntary Service Organisation
Uganda network of Sex worker led organizations (UNESO)
TURGET Uganda
UGANDA NETWORK AIDS Service Organisation
FMP
White Ribbon Alliance
Health GAP
Legal Support Network
The Young Positives Foundation
Phoenix Children Foundation
Dynamic Doctors Uganda
Her Smile Uganda
Foundation For Male Engagement Uganda
Advocacy for Quality Health Uganda
Foundation For Male Engagement
Fem Alliance Uganda
Women With a Mission
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Human Rights Awareness and Promotion Forum
Coalition of Health Promotion and Social Development
Justice and Economic Empowerment for Women and Girls Foundation Uganda
SRHR Alliance Uganda
Hope for joy community organisation
Alliance of Women Advocating for Change (AWAC)
VAYO
Nile Girls Forum
Freedom and Roam Uganda
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