



CP
Please place item
on O.P. for 3/4/19
Dep 2/4/19.

**MOTION FOR A RESOLUTION OF PARLIAMENT URGING GOVERNMENT TO
PRIORITIZE FUNDING FOR THE HEALTH SECTOR.**

(Presented under Rule 55 of the Rules of Procedure of Parliament of Uganda)

WHEREAS the Constitution of the Republic of Uganda under Article 90(1) establishes Committees of Parliament, mandated under Rule 156 (c) of the Rules of Procedure to assess and evaluate activities in their respective fields;

AND WHEREAS in accordance with Article 90 (1), Parliament under Rule 183 (2) (c) established the Committee of Health as a Sectoral Committee with the function of examining and commenting on policy matters affecting the Ministry;

FURTHER WHEREAS on 12th March, 2019 Hon. Jane Ruth Aceng, the Minister of Health presented a Ministerial Statement to Parliament on the state of the health service delivery in Uganda wherein she noted that the health sector is mandated to provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels;


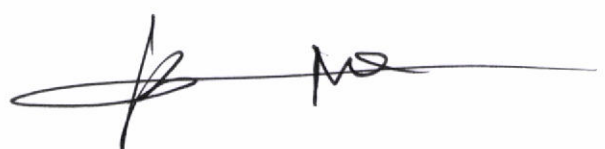
AWARE OF the Constitutional mandate required of the Committee of Health and directive by the Rt.Hon. Speaker to extract areas from the Ministerial statement that require urgent attention of government, the Committee has identified the following areas together with the required budgetary allocation for the urgent attention of Government;

1. Health infrastructure; the Committee notes that there is a big health infrastructure gap as illustrated below;
 - (a) 39 districts have no hospitals, 29 constituencies have no Health Centre IVs, 331 Sub-counties have no HC III's and 132 Sub-counties have no health facility at all; a minimum of UGX 150 bn is required for the establishment and operationalization of health facilities;

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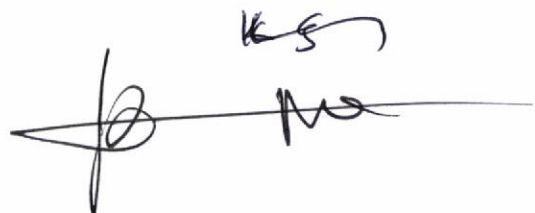
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- (b) The thirteen Regional Referral and five National Referral Hospitals (Mulago NRH, Butabika National Mental Referral Hospital, Kiruddu, Kawempe, and Entebbe Specialized National Referral Hospitals) are not fully functional due to inadequacy in funding, specialized human resources and equipment; Shs UGX 105 bn should be allocated for the purchase of assorted diagnostic equipment for all Regional Referral Hospitals across the country.
- (c) There is a big funding gap for the specialized hospitals to be fully functional in providing the specialized services required. For example, Mulago Specialized Hospital is undergoing rehabilitation work and requires Shs. 36 bn for completion of the works, Shs. 17.8 bn for wage and Shs. 58.3 bn for recurrent non-wage;
- (d) Uganda Heart Institute; requires support in infrastructure development totalling to Shs. 331 bn for construction, expansion and staffing and UGX 10 bn for cardiac interventions and human resource training.
2. Human Resource; MoH has got a challenge of attracting and retaining health workers due to unattractive remuneration packages. The sector suffers from inadequacy of health personnel at all levels of health service delivery, the current national staffing level is at 73% an indication of low staffing which is accorded to low wage remuneration. There is need to allocate shs. 14.37bn for training specialists, 43.32bn and shs. 5 bn for allowances for specialists, consultants and other critical health care staff working in the hard-to-reach areas.
3. Medicines and Health Supplies; there is great public outcry of stock-outs of medicine in the public health facilities despite the increment of an additional allocation of UGX 40bn to the National Medical Stores, there is still a shortage of UGX 100bn to NMS to improve the availability of drugs and health supplies across the country and an additional 40bn to cater for laboratory reagents. One of the critical inadequate supplies affecting health care is blood. Blood Transfusion Services requires 32bn to screen 300,000 units of blood, the available budget is 12.8b hence raising a shortfall of 19.2bn.
4. Under funding for Immunization and vaccines; immunization coverage in Uganda has stagnated at about 85% for most of the vaccines on the

national immunization schedule. The cumulative numbers of unimmunized children over the years undermines the herd immunity leading to frequent outbreaks of vaccine preventable diseases. This is the reflection of the protracted underfunding and the resultant budget deficit especially in this financial year where the country will likely face vaccine stock outs in the last quarter. The estimated need for the next financial year stands at Shs.21bn against an allocation of Shs.14.4bn still leaving a gap of Shs.6.6bn.

5. Emergency Medical Services (EMS); there is urgent need to speed up the Strategic plan for addressing emergency medical services gaps and emergency medical services policy, in particular;
 - (a) Funds should be urgently provided to a tune of Shs. 155.3bn to; finance the EMS for the first two years for ambulance care in all the health sub districts in the country (Shs.125bn) and Operationalization (re-equipping) of the existing 173 ambulances at Shs.30.3bn to cover the 225 ambulance deficit and 5 type B boat ambulances for island districts;
 - (b) Funds should be availed to cover the cost of operation and maintenance of the ambulances.
6. Health financing; the general funding structure for health is heavily supported by external funds, this makes the sector vulnerable in case of unforeseen pull out by the development partners. As such alternative modalities for health financing like insurance have to be delivered upon. Thus;
 - (a) Additional funds for Primary Health Care (PHC) of Shs.39.5bn under the non-wage category and
 - (b) Funds to a tune of Shs.191.4bn be provided for the construction and equipping of 132 Health Centre IIIs.
7. Inadequate counter-part funding for externally funded projects which constrains timely execution and completion of projects. An example is the delay to complete Busolwe and Kawolo hospitals due to unavailability of additional 6bn as counterpart funding.
8. Universal health coverage; the National Health Insurance Bill, 2014 has been at Cabinet level for the past 5 years, even with a certificate of

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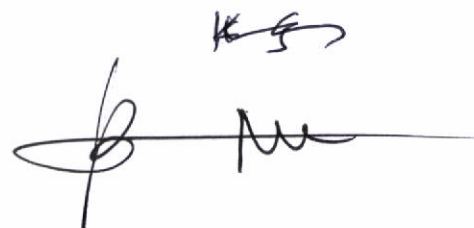
financial implication already provided by the Ministry of Finance Planning and Economic Development, no progress has been made, it's for this reason that the Committee of Health was granted leave of Parliament to table a Private Members Bill on the same issue. The Committee notes that the Ministry of Health (MoH) developed a road map and Parliament allocated 3bn to facilitate this process which ought to be concluded by the end of this FY 2018/19.

9. There is need for rapid decline of both fertility and mortality in order to enable Uganda accelerate the demographic transition; Whereas the National Development Plan II (NDP II) health impact indicator target is 30 for infant Mortality Rate (IMR) by 2020/21, it currently stands at 43 per 100,000 live births. The shortfall from the NDP II target is 13. The Maternal Mortality Ratio declined from 438 per 100,000 live births to 335, however this still falls short of the NDP II Health Impact Indicators of 211 by 2020/21.

NOTING THAT the health sector is pivotal in ensuring a healthy population that guarantees increased production and productivity and further that the challenges highlighted in this motion can be resolved if the requisite budgetary allocation is made towards the Health sector;

NOW THEREFORE, be it resolved by this august House that Government is urged:


- 1) In FY 2019/ 2020, to increase the budget allocation to the Health sector by Shs. 1.373.576 trillion bn as indicated in the table attached to this motion highlighting the items and funding gap.
- 2) To urgently table the bill on National Health Insurance Schemes and expedite the process of setting up national health insurance schemes by providing funds to the Health sector to build institutional frameworks geared towards the implementation of National Health Insurance Scheme (NHIS).
- 3) To adhere to existing planning frameworks developed in the sector and investment direction as guided in the National Development Plan II (NDP II) and the Health Sector Strategic Investment Plan (HSSIP) as a guide to health investment decisions and strategies and schedule the other interventions in the medium term to reduce the external financing burden.

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- 4) To pay attention to preventive health interventions such as immunization, reducing non-communicable diseases through life style change, hygiene and sanitation, and promoting health education rather than concentrate on curative measures and find a strategic financing mechanism that eliminates risks of outbreaks of diseases which are very expensive to manage.
- 5) To double efforts in implementation of interventions that mitigate maternal mortality by increasing the budget allocation towards reproductive health and family planning and establish an integrated health management information system including neo-natal and maternal health audits and statistics.
- 6) To streamline MoH not to take on donor projects that requires counterpart funding until when the funds are available for a particular project.
- 7) To avoid wastage and mis-use of resources by MoH and rather emphasize accountability, efficiency and innovation in the utilization of resources so as to attain optimal output.
- 8) Based on the Minister's presentation, Government should provide additional funds to the sector to a tune of Shs. 1.374 trillion taking into account the funding gaps highlighted by the Minister in these critical service delivery areas.

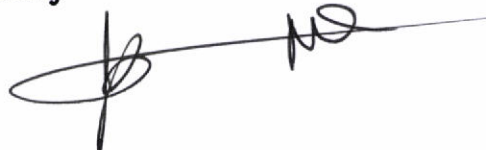
I beg to move.

Moved by:


Hon. Spellanza Baguma Muhenda
DWR, Kyenjojo

Seconders:

1. Hon. Rwakimari Beatrice
DWR, Ntugamo
2. Hon. Kamusiime Innocent Pentagon
MP, Butemba County



Critical Funding Gaps in the Health Sector (UGX Bns)

ITEM	Funding Gap (Ugx Bns)
<i>Proposed allocation for the purchase of assorted diagnostic equipment for all Regional Referral Hospitals across the country.</i>	105
<i>Funds for salary enhancement for District Health Officers'</i>	2.286
<i>Proposed allocation for purchase of type B Ambulances and operationalization of the existing 173 government Ambulances</i>	155.3
<i>Reintroduction of the Constituency Health Assembly Fund</i>	6.0
<i>Counter Part Funding for completion of Kawolo and Busolwe Hospitals</i>	6.0
<i>Additional Funding for proper running of RR Hospitals</i>	1.0
<i>Proposed allocation for to enable the completion of projects in all the capital projects at RRHs</i>	70.0
<i>Proposed allocation for expansion, construction, equipping and staffing of the Uganda Heart Institute</i>	331
<i>Proposed Funding for increased output in cardiac interventions and human resource training, welfare and development as per the Parliament resolution of 12th February, 2018.</i>	10
<i>Additional funding to NMS to improve on the availability of drugs in the health facilities across the country</i>	140
<i>Proposed funding to enhance the recruitment capacity of the Health Service Commission</i>	1.2
<i>Funding for supervision of health facilities in the country</i>	10
<i>Funds for operationalization of upgraded Health Centres</i>	150
<i>Proposed allocation to enhance the Intern Doctors' allowances (1047)</i>	5.6
<i>Proposed Funding for enhancement of the Senior House Officers' allowances (300)</i>	8.4
<i>Recommended allocation in the sector budget for training of</i>	57.69

<i>the Specialists and Super Specialists</i>	
<i>Proposed allocation as a hard -to -reach area allowance specifically for specialists, consultants and other critical health care staff for the hard-to-reach areas.</i>	5.0
<i>Recommended allocation for construction and equipping of 132 HCIIIIs</i>	191.4
<i>Proposed allocation for vaccines for last quarter of FY 2018/19</i>	5.6
<i>Completion and operationalization of the Mulago Super Specialized Hospital</i>	112.1
TOTAL	1.373.576tn