



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

**STATEMENT TO PARLIAMENT – ON FEES IMPOSED BY UGANDA
CANCER INSTITUTE AS RAISED BY HON. JULIUS OCEN MP
KAPELEPBYONG**

Hon. Sarah Opendi

State Minister for Health – General Duties

December 12, 2018

A handwritten signature in black ink, appearing to be "Julius Ocen", is located in the bottom right corner of the page.

Rt. Hon. Speaker of Parliament

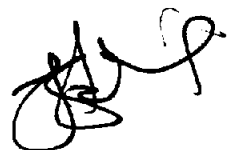
Honourable Members of Parliament

The Uganda Cancer Institute was established by an Act of parliament, The Uganda Cancer Institute Act 2016 as an autonomous cancer institute with the mandate to undertake and coordinate the management of cancer and cancer related diseases in Uganda. This mandate now extends to the East African region given its designation as the East African Centre of Excellence in Oncology.

Uganda has very high cancer morbidity and mortality due to a number of factors which includes increased life expectancy producing an aging population, the HIV/AIDS epidemic and other viruses (such as human papilloma virus hepatitis B), lifestyle factors such as tobacco and alcohol use among others.

Cancer cases at the Uganda cancer institute has gone up by 25% in the last three years{53,880(2015/16), 62,392(2016/17) and 75,824(2017/18)}. This is a reflection of the huge overall cancer burden in the country. It is estimated that cancer patients presenting to UCI represent 4% of cancer cases in the country. Eighty five percent(85%) of patient present late with very advance disease at the institute. The High Patient burden therefore places major strain on the institute as the sole cancer centre in Uganda in terms of requirements for infrastructure, equipment and human resource for managing a very difficult and expensive disease to treat.

Rt. Hon Speaker, The budget for the Uganda Cancer Institute for the financial year 2018/19 is 52 billion shillings which according to Uganda Cancer Institute strategic plan 2015/16 -2019/20 constitute 1/3 of the optimal annual operational budget for the institute. The institute is expected to raise 20% of this locally. For the last three financial years, whereas the institute was to raise upto Shs.1,8bn, it has consistently raised less than half this amount. This Financial Year 2018/19, UCI is expected to collect Shs. 1,600,000,000/= from services the institute provides to the public, private non-Ugandan patients as appropriated by Parliament in UCI Budget for FY 2018/19. With the limited resources, the UCI is unable to undertake some of its planned activities and meet its targets. The impact of this is felt mainly in the areas of



human resource where the current staffing level is at 60% of optimal, the gap left is filled by contract staff who are paid through Non Tax Revenue. Upto 80 staff in the UCI are paid using NTR and yet some of these include critical cadres such as radiation physicists running radiotherapy operations.

Although the government of Uganda has initiated a major investment in infrastructure and equipment at the Uganda Cancer Institute additional revenues are needed for operations, maintenance and sustainability of services. This is well illustrated by the recent breakdown of radiotherapy machine which thankfully has been restored and additional new machines installation is underway. However, there is need to ensure that the running and maintenance cost for these are in place.

It is with this background and based of the provision for Entities and Agencies to raise Non-Tax Revenue to supplement their budget allocations from Ministry of Finance, Planning and Economic Development. The UCI Board analyzed the old rates which had been in place since 2010 based on the consideration listed below and approved the new payment policy effective November, 01 2018.

The new Payment process was informed by;

- I. Internal benchmarking within the country such as Government Health Facilities, Mulago National Referral Hospital, Uganda Heart Institute, Regional Referral Hospitals, Women and Neonatal Specialized Hospital as well as private facilities
- II. Regional Benchmarking within East Africa for Cancer Services specifically Tanzania and Kenya whose charges are far higher for Cancer services for both private and general patients
- III. Influx of International patients taking undue advantage of low or no payment for services for cancer treatment offered in Uganda

The new payment policy is further intended to address the following;

- I. Maintain and service equipment – Special Investigation procedures require equipment which needs timely maintenance in order to sustain the service. The procedures also require sundries, specialists' time and retention of specialist (who require motivation)



- II. Curtail unregulated/under the table payment which is the basis for rampant malpractices
- III. Redress the issues of influx of foreign patients benefiting from no payment of services offered at the Uganda Cancer Institute

Benchmarking with other hospitals, UCI came up with a list of charges for Non Tax Revenue areas.

The Uganda Cancer Institute (UCI) categorized the patients receiving services and these are;

- I. General Patients
- II. Private Patients
- III. International/Foreigners

The current Policy at UCI for the various categories of patients is as follows;

- I. **General Patients** – These patients receive care and treatment such as anticancer drugs **free of charge** for both inpatients and out patients. General patients are however required to pay for; special procedures such as endoscopy, Special investigations such as CT, MRI, Ultrasound and Digital X-Ray and Radiotherapy services
- II. **Private Patients** – Private Patients do not pay for anti-cancer drugs. However, they are required to pay for care, inpatient services, outpatient reviews, special procedures such as endoscopy, Special investigations such as CT, MRI, Ultrasound and Digital X-Ray and Radiotherapy services
- III. **Foreigners/International Patients** - These patients receive care and treatment such as anticancer drugs free of charge for both inpatients and out patients. Foreign patients are however required to pay for; special procedures such as endoscopy, Special investigations such as CT, MRI, Ultrasound and Digital X-Ray and Radiotherapy services.

However to ensure equitable access without discrimination to all patients there is a Waiver Policy.



The waiver policy is as follows;

- a) **Automatic Waiver:** This applies to severely sick patients, emergency patients, poor patients arriving from upcountry/rural parts of the country
- b) **Case by Case Waiver:** This applies to children, poor patients and public servants
- c) All waivers are done against invoices



Thank you, Rt. Hon. Speaker,

Hon. Sarah Opendi
State Minister of Health – General Duties

12th December 2018