OFFICE OF THE LEADER OF THE OPPOSITION

ALTERNATIVE MINISTERIAL POLICY STATEMENT

MINISTRY OF HEALTH

FY 2022/2023

HON. TIMOTHY BATUWA LUSALA

SHADOW MINISTER OF HEALTH

MARCH 2022

Contents

EXECUTIVE SUMMARY 3

Key Emerging Issues 3

Alternative Policy Proposals 4

CHAPTER 1: BACKGROUND TO ALTERNATIVE POLICY STATEMENT 6

1.1: Legal Provisions 6

1.2: Sector Overview 6

Chapter 2: Situational Analysis of Ministerial Policy Statement 7

2.1: Health Sector Financing and Budgetary Allocations 7

2.1: Emerging Sectoral Issues and Proposed Alternative 10

Issue 1: Containing further spread of Covid-19 following full re-opening of the economy 10

Issue 2: Continued prioritization of curative approach over preventive approach to health care 11

Issue 3: Inadequate and ill-equipped health infrastructure. 16

Issue 4: Inadequate and scattered National Ambulance System 18

Issue 5: High Population growth rate and a high unmet need for family planning. 18

Issue 6: Limited and inappropriate human resources for health 20

Issue 7: Inadequate blood supply 23

Issue 8: Inadequate public spending on health and high out of pocket spending on health 25

Conclusion 26

EXECUTIVE SUMMARY

In accordance with Section 6E (4) of the Administration of Parliament (Amendment) Act (2006), Rules 14(4) and 146 of the Rules of Procedure 2017, this Alternative Policy Statement for the Health Sub-Program articulates policy directions of the Opposition in Parliament.

Sector Overview

Health Service delivery in Uganda is undertaken under the auspices of the Ministry of Health Strategic Plan, 2020/21-2024/25 which builds on the Human Capital Development Component of the National Development Plan III and lays a foundation for movement towards Universal Health Coverage.

In spite of an overall improvement in the national health indicators over the last five years, they remain unsatisfactory and disparities continue to exist across the country. Seventy-five percent of the disease burden in Uganda is still preventable through health promotion and disease prevention. The COVID-19 pandemic has strained health systems and disrupted essential health services in Uganda leading to reversal of some of the health gains in the last 5 years especially in the areas of teenage pregnancy, HIV/AIDS management and mental health.

Key Emerging Issues

1. Management of covid-19 following full re-opening of the economy. With positivity rate below 2% and about 50% of the eligible population vaccinated, what next?
2. There is continued prioritization of curative approach over preventive approach to health care even when there is an appreciation and recognition of the need to invest more in preventive and community-based health care.
3. Whereas the bulk of the investment has been going into curative health care system, the health care infrastructure is inadequate, ill equipped and nonfunctional. Most of the facilities are functioning below expected standards due to lack of basic equipment and utilities.
4. There is an inadequate health ambulance system. Out of the 460 ambulances required, only 120 are available. There is no national

standard ambulance coordination center and even the 911 medical emergency functional number is nonexistent.

5. There is high population growth rate with fertility rates at 4.82% and an unmet need of 28%. Uganda has registered an unacceptably high teenage pregnancy rate of 25% with over 30,000 teenage pregnancies registered monthly between January and August 2021.

6. Uganda continues to grapple with the challenge of limited human resources for health with staffing levels at 73%. The few are not well motivated hence constant industrial actions of strikes.

7. There is inadequate public spending on health and high out of pocket spending on health making many Ugandans face challenges access health in the absence of inclusive and affordable health insurance schemes.

Alternative Policy Proposals

1. Government should focus on making available health infrastructure functional instead of investing in non- functional, poorly equipped health infrastructure. It's better to have the available inadequate health facilities functional than having many structures with poor services.
2. Invest in health promotion and disease prevention. Provision of health care services is not the most important determinant of health. Investing in health promotion would yield better results, given the resource constraints.
3. Amplify role of Community based health care through empowerment of Community Health Extension Workers (CHEWS), Village Health Teams (VHTs) and roll out of The Integrated Community Case Management (ICCM). These should be integrated on the payroll.
4. Increase funding towards prevention of non-communicable diseases: Non-Communicable Diseases (NCD) contribute over 70% of the disease burden in Uganda.
5. Address the critical human resource gaps and motivation issues of health workers. Health workers salaries should be enhanced and the gaps filled.
6. Implement a compulsory National Health Insurance Scheme (NHIS)
7. Increase funding to sexual reproductive health services including sexuality education for adolescents and family planning.

8. Ensure availability of blood for transfusion and building of more blood banks

Conclusion

Government policy on health emphasizes access to high quality health care by all Ugandans as a means of guaranteeing their contribution to the country's socio-economic transformation. In line with Government's commitment to preventive health care other than the curative services – which are costly, more emphasis should be on ensuring expediting passing of the National Health Insurance Scheme, increasing investment in health education and promotion, specifically the recognition, integration and remuneration Village Health Teams (VHTs).

CHAPTER 1: Background to Alternative Policy Statement

1.1: Legal Provisions

In accordance with Section 6E (4) of the Administration of Parliament (Amendment) Act (2006), Rules 14(4) and 146 of the Rules of Procedure 2017, this Alternative Policy Statement for the Health Sub-program articulates policy directions of the Opposition in Parliament for the FY 2022/23.

1.2: Sector Overview

The health service delivery system in Uganda is curative "heavy" even when a quick perusal of the health policy documents shows the recognition and need to increase focus and investment in preventive health care. Uganda, just like all other countries globally, was not spared by the noble covid-19. For the last two years, our efforts as a country have been directed towards the management of the covid-19. The pandemic saw all efforts geared towards its management, sometimes to the detriment of gains made in other areas like mental health (where mental health units in hospitals were turned in to Covid-19 treatment units) and HIV/AIDS which saw the gains reversed as lockdown measures negatively affected prevention and treatment measures. The lockdown also triggered a spike in teenage pregnancies.

The health care system is weak, both in terms of infrastructure and adequacy of human resource. Acute lack of hospital beds, Intensive Care Unit beds and Oxygen shortage came to the fore especially during the second wave of the delta variant. Stories of health workers on the front line lacking basic Personal Protective Equipment (PPE).

The sector is further riddled with poor remuneration and motivation of health workers that has resulted into chronic medical workers strikes. There is a problem of measuring the adequacy of health care by focusing on availability of health infrastructure facilities like Health Centre IIIs at the sub-county level. The determination of sub-counties has of late been a result of Gerry meandering and as it where resources are allocated to construction of facilities rather than delivery of health care. This has resulted in poor diagnosis of Uganda's health care delivery needs as efforts are put on construction of more health facilities even when evidence shows over 77% of Ugandans access a health facility within a radius of three kilometers. This amidst heavy out of pocket health expenditure which stood at 41% in 2020/2021 from 42% in 2019/20. Only 3.1% of

Ugandans access some form of health insurance. This is a drop from 5.1% in 2019/20.[1]

Chapter 2: Situational Analysis of Ministerial Policy Statement

2.1: Health Sector Financing and Budgetary Allocations

The health sector budget as a proportion of the National Budget has stagnated between 6-9% for the last decade. It dropped to 6.1% in 2021/2022 from 7.2 % in 2019/2020. However, in nominal terms the health sector budget increased by 8% from UGX 2,589 billion in FY 2019/20 to UGX 2,788.90 billion in FY 2020/21. This was majorly attributed to additional allocations for interventions related to the Covid 19 pandemic response. Share of GoU contribution to the health sector budget is 57% and external financing is 43%.

Table 1: Overall Health Sector MTEF Budget Proposals FY 2022-23 (UGX, BN)

	PROGRAMME/VOTE	FY 2021/2022 Approved Budget	FY 2022/23 ESTIMATES	Variance
	HUMAN CAPITAL DEVELOPMENT: HEALTH			
014	Ministry of Health	782.75	266.66	-516.09
114	Uganda Cancer Institute	52.71	55.92	+3.21
115	Uganda Heart Institute	28.92	29.15	+0.23
116	National Medical Stores	600.31	601.08	+0.77
134	Health Service Commission	8.13	8.25	+0.12
151	Uganda Blood Transfusion Service (UBTS)	18.80	18.28	-0.52
401	Mulago Hospital Complex	59.99	61.45	+1.46
402	Butabika Hospital	17.31	17.60	+0.29
403	Arua Referral Hospital	10.15	10.15	0
404	Fort Portal Referral Hospital	9.47	9.47	0

[1] Uganda Bureau of Statistics, 2021: Uganda National Health and Demographic Survey, 2019/2020, Kampala, Uganda. p.7

	PROGRAMME/VOTE	FY 2021/2022 Approved Budget	FY 2022/23 ESTIMATES	Variance
405	Gulu Referral Hospital	15.05	15.05	0
406	Hoima Referral Hospital	8.39	8.39	0
407	Jinja Referral Hospital	17.28	17.28	0
408	Kabale Referral Hospital	8.65	8.65	0
409	Masaka Referral Hospital	10.80	10.80	0
410	Mbale Referral Hospital	18.23	18.23	0
411	Soroti Referral Hospital	8.10	8.10	0
412	Lira Referral Hospital	13.81	13.81	0
413	Mbarara Referral Hospital	16.17	16.17	0
414	Mubende Referral Hospital	9.57	9.57	0
415	Moroto Referral Hospital	8.27	8.27	0
416	Naguru Referral Hospital	9.11	9.11	0
417	Kiruddu Referral Hospital	18.74	18.74	0
418	Kawempe Referral Hospital	11.97	11.97	0
419	Entebbe Regional Referral Hospital	5.58	5.58	
420	Mulago Specialized Women and Neonatal Hospital	22.54	22.14	-0.54
421	Kayunga Referral Hospital	-	-	-
422	Yumbe Referral Hospital	-	-	
127	Uganda Virus Research Institute (UVRI)	8.99	9.06	-0.07
612	601-999 Local Governments	734.87	734.87	0
	SUB-TOTAL HEALTH SUB PROGRAM	**7,269.82**	**7,519.52**	**+6,792.7**

Source: MINISTERIAL; POLICY STATEMENT, HEALTH SUB-PROGRAMME, 2022-23

Detailed analysis of the budget figures in the Ministerial Policy Statement was difficult and impossible since it shows that figures for FY 2022/2023 were already approved and goes ahead to even show expenditure by end of December 2022.

However, on pages **xiv** and **xv** of the statement that was laid on the table, there is section titled, "UNFUNDED PRIORITIES FOR FY 2022/23' which gives a highlight of what the Ministry intends to spend on. Under this section, it's important to highlight some of the key allocations. UGX 6 billion has been allocated to community health initiatives to train Village Health Teams. Other preventive health interventions were allocated as follows; Health Education and Promotion (UGX 925,000,000), Reproductive and Child Health (UGX 724,000,000), Non-Communicable Diseases (UGX 579,000,000) and Environmental Health (UGX 1,025,000,000). In contrast, budget allocations to items classified as construction, renovation and rehabilitation is UGX 508,400,000,000 (approx. 30% of the sub program budget). Notable to note is an allocation of UGX 652.000.000.000= for what is termed as the 'Covid 19 resurgence plan.'

The Health sub-program has nineteen intervention areas as per the National Development Plan III. The Budget Frame Work Paper and Ministerial Policy Statement do not show what exactly will be done to operationalize each intervention area. The planning has not been re-adjusted to mirror these intervention areas to ensure that each area has a corresponding program proposal to ensure that some sector interventions are left unattended to.

The National Health Sector Strategic Plan 2020/2021-2024/25 enjoins the Ministry to shift from predominantly disease-oriented care system to a health promoting system, from a siloed, segmented sector specific intervention to multisectoral collaboration with intersections and synergies; from predominantly facility-based care to Primary Health Care (PHC) and population management; and from fragmented and episodic health care to integrated model of health care that continues over time. However, the budget proposals seem to be stuck in the old model of out put based budgeting and isolated planning for health care delivery. For example, there is little or nothing that suggests the Ministry of Health is working with other sectors like energy, education, works and transport, internal affairs to reduce certain out puts like addressing road accidents and injuries which are a key source of admissions in hospitals.

2.1: Emerging Sectoral Issues and Proposed Alternatives

Issue 1: Containing further spread of Covid-19 following full re-opening of the economy

Since March 2020, Uganda has been battling the Covid-19 pandemic. Drastic measures including long lockdowns were instituted to contain the spread of the virus. By December 2021, the country was officially into its third wave of the pandemic. Although the positivity rate reached as high as 25%, this was followed by notably low hospital admissions.

Among the interventions looked at as the magic bullet for managing the pandemic is vaccination. Vaccination against Covid-19 in Uganda was launched on 10th March 2021. The vaccination which started off as a ray of hope and caused excitement was hit by a setback of conspiracy theories that so many Ugandans become suspicious of the effectiveness and safety of the vaccines resulting into low vaccination up take. The low uptake was due to inability of vaccines reaching out to all parts of the population. There were long queues at vaccination centers meaning many of the eligible candidates and even priority groups for the vaccine hadn't been able to get their turn — including schoolteachers.

By 31st December 2021, total doses administered then were 11,377,067 and out of this, 3,756,248 million people had been vaccinated fully either with 2 dozes of the various the vaccine types or the one vaccine of Johnson and Johnson. Of the 22 million people, 45% (9,979,206) of the target population had received at least one shot of the vaccine and 17% had been fully vaccinated. Uganda had received a total of 20,658,940 million vaccine types that need two dozes to cover one person and 12,037,500millions of the single doze Johnson and Johnson meaning 21,086,318 dozes had been used and what hadn't been used, had the capacity to vaccinate 8,503,631millions of people or to cover 6.1million people due for second dose. As at 31st December 2021, the country was expecting another 7,319,610 million double doze vaccines, able to vaccinate 3,659,805million people and another 3,691,200 Johnson and Johnson able to vaccinate a similar number.

Proposed Alternative

The Ministry of Health should institute measures of monitoring severity of covid-19 in patients especially children in schools who are known to be asymptomatic to covid-19 and remain with mild illness. The Ministry of Health should consider

procurement of Pulse-Oximeters and distribute them to schools and VHTs along with the necessary empowerment.

It's known that many Ugandans have contracted Covid-19 and recovered. The Ministry of Health reported high positivity rate of the Omicron but low hospital admissions. We therefore contend that local research be done using Covid-19 anti body tests to establish Ugandans who have acquired natural immunity resulting from infections. The findings of the study should then inform the vaccination policy so as to ensure an evidence-based vaccination strategy.

Going by the World Health Organization (WHO) guidelines, all the available vaccines should be for those 18 and above with priority to the elderly and those with comorbidities.

We note that the country has already procured and or received in donations sufficient covid-19 vaccines to administer to the categories of people indicated by the WHO guidelines. We therefore propose that the colossal sums of money being requested for another mass vaccination campaign be invested in the establishment of a minimum care and monitoring package that will ensure early and timely detection of any COVID-19 cases at the community level including schools.

Issue 2: Continued prioritization of curative approach over preventive approach to health care.

In Uganda, like in many other countries, the best way to improve health and well-being remains contested. Policies and investments in health improvement have followed a "care" approach – where communities are expected to receive health services from health installations like hospitals and health centres. Although health promotion has been advanced in the policy discourse, its institutions and structures are diverse and less well understood across development actors.[2] Health investments are usually allocated on the basis of indices related to disease burden and the infrastructure used to restore health. These criteria have institutionalized an unsatisfactory norm among policy-makers and technocrats that privilege the finance of "diseases" instead of financing of

[2] F. Ssengooba, SN Kiwanuka, E. Rutebemberwa, E. Ekirapa- Kiracho (2017), Universal Health Coverage in Uganda: Looking Back and Forward to Speed up the Progress. Makerere University, Kampala Uganda., p.5

good health and well-being of communities.[3] An analysis of the health sector service delivery in Uganda shows that it is predominantly a disease-oriented care system than health promotion and disease prevention.[4]

The focus on curative health care in Uganda notwithstanding, efficient and functional curative health care service delivery system is still a mirage. Nine hundred and eighty-two (982) sub-counties don't have a single Health Center III[5] as by policy, health staffing levels are at 74%[6] and funding gap for essential medicines and supplies for the year 2022/23 is 70.32 billion. Even with all this, the health planners have continued to ignore the option of meaningfully investing in preventive health care amidst evidence that 40% of the disease burden among adults 19-64 is due to preventable non-communicable diseases.[7] Generally, over 75% of disease burden in Uganda is preventable.[8]

In the financial year 2021/2022, a meagre UGX 728,498,000 was budgeted for health education, promotion and communication[9] and even then, only UGX 342,416,000 went to non-communicable disease with UGX 196,616,000 going to staff salaries.[10] The trend has been consistent. In the financial year 2019/2020, the NCD department was allocated UGX 120 million and Health Promotion allocated a sultry UGX 139m respectively for the entire year.[11]

The response to health care in Uganda is to prepare to treat diseases through building of infrastructure and procurement of medical supplies yet the resource

---

[3] Ibid, pp6-7

[4] Ministry of Health, 2021: Health Sector Strategic Plan 2021/2022-2024/2025

[5] Ministry of Health, 2021: Ministerial Policy Statement on Health, Kampala, Uganda. p.20.

[6] Ministry of Health Uganda: The Annual Health Sector Performance report, 2020/21

[7] National Planning Authority, 2020: National Development Plan III, Kampala, Uganda. p.70

[8] Parliament of Uganda, 2019: Report of the Parliamentary Committee on Health on the Health Sector Ministerial Policy Statement and Budget Estimates for FY 2019/2020, Page 26.

[9] Government of Uganda, 2021: Approved Estimates of Revenue and Expenditure (Recurrent and Development), 350

[10] Ibid, 367.

[11] Parliament of Uganda, 2019: Report of the Parliamentary Committee on health on the Health Sector Ministerial Policy Statement and Budget Estimates for FY 2019/2020, Page 26.

envelope is inadequate. The estimated cost for construction and equipping is UGX 70bn per hospital and total cost for 74 hospitals is UGX 5,180 billion. The recurrent costs, including wage, non-wage recurrent and medicines required per hospital per annum is UGX 3.8 billion. Should government construct all the 74 General Hospitals, it will translate to UGX 235.3bn recurrent costs per annum.[12] This cost leaves out other levels of health infrastructure like Health Center IIIs, IVs, Regional Referral Hospitals and the attendant costs for running them. With a total annual budget of average 3 .5 trillion, it would take Uganda over half a century to attain the required standard of health infrastructure to provide adequate curative care for its citizens.

Proposed Alternative(s)

i) ***Amplify role of Community based health care through empowerment of Community Health Extension Workers (CHEWS), Village Health Teams (VHTs) and roll out of The Integrated Community Case Management (ICCM).***

The recognition for a need to develop a health care delivery system in Uganda designed to improve the health status of households, with their full participation, using local technologies and resources is well documented.[13] The government of Uganda has experimented with a number of community-based health initiatives including the Village Health Teams launched in 2001[14], Community Health Extension Workers (CHEWS) being piloted since 2014 and Integrated Community Case Management (ICCM). Evaluation of the VHT strategy by the Ministry of Health in 2014, expectedly found that the VHT system had not been effective in reducing the disease burden since it has been hinged on volunteerism as the main pillar. The Ministry of Health has gone ahead, based on the findings of the assessment, to propose scrapping of the VHT strategy and substitute it with the CHEWS which is based at the Parish Level.

The Ministry of Health has been experimenting with the ICCM in 67 Districts and 11 cities. The ICCM is an extension of Integrated Management of Childhood and Illness (IMCI) to the community level. This approach facilitates prompt, low-cost, evidence-based lifesaving treatments for the most common causes of

[12] Ministry of Health, 2021: Ministerial Policy Statement on Health, Kampala, Uganda. p.17.

[13] Ministry of Health, 2018: Community Health Extension Workers National Policy.

[14] Ibid

childhood mortality and morbidity to children closer to home. The UN-led Child Health Epidemiology Reference Group estimates that access to community-based treatment could reduce child deaths from malaria by half, deaths from pneumonia by nearly two-thirds, and deaths from life-threatening diarrhea by up to 90%.[15]

The existing Community Based health care initiatives should be amplified by adopting VHTs on the Ministry pay roll and have one CHEW at the parish level to supervise the VHTS. The VHTs should then be empowered to provide ICCM but also other health care and prevention packages.

Uganda has 70,512 villages/cells/zones and 10,595 parishes/wards. The proposal is to have two VHTs per village and 1 CHEW per parish. Each VHT should be paid UGX 70,000 per month and 250,000 per month for each CHEW. This will require a total investment of UGX 150,242,160,000/=.

ii) Invest in health promotion and disease prevention

Provision of health care services is not the most important determinant of health.[16] *Investing in health promotion would yield better results, given the resource constraints. Health promotion is the process of enabling people to increase control over and to improve their health so as to reach a state of complete physical, mental and social well-being. It has three overlapping spheres, namely health protection, health prevention and health education.*[17] *Investing in disease prevention and promotion is a sure way for improving health outcomes in Uganda. All the leading cause of disease burden in Uganda as per the 2020/2021 Health Sector Annual Performance Report are preventable with malaria contributing 29.1% of all Out Patient Department (OPD) attendances.*[18] *The same report recognizes the need for effective communication and*

---

[15] Ministry of Health, 2021: The Investment Case for Integrated Community Case Management of Childhood Illnesses, p.4

[16] Ssengooba, SN Kiwanuka, E. Rutebemberwa, E. Ekirapa-Kiracho (2017), Universal Health Coverage in Uganda: Looking Back and Forward to Speed up the Progress. Makerere University, Kampala Uganda., p291

[17] Ibid

[18] Ministry of Health, 2022: Annual health Sector Performance Report for Financial year 2020/2021

community engagement to influence and ensure behavior change at individual and community level.[19]

Health promotion contributes to disease prevention, which reduces the amount of sickness in the population, thereby reducing the number of hospital visits and, presumably, lowering the costs of health care.[20] *There is a substantial evidence base suggesting that many health promotion and disease prevention interventions, delivered within the health system as well as in partnership with other sectors, are highly cost-effective. A 2017 Ministry of Finance and Planning briefing showed that using the cost based on the expenditure on curative services in regional referral hospitals, Uganda stands to save over UGX 44 billion if it scaled up health promotion and preventive activities.*

The Health Promotion and Education Division of the Ministry of Health should therefore be supported to undertake robust multimedia Behavior Change Communication (BCC) campaigns that will involve both mass media and inter personal communication approaches utilizing Community Health Extension Workers (CHEWs) and Village Health Teams (VHTs).The UGX 925,000,000 that was allocated to the Health in Education and Promotion Budget for FY2022/23 is a drop in the ocean and we propose at least UGX 5 billion for this financial year.

iii) Increase funding towards prevention of non-communicable diseases

Non-Communicable Diseases (NCD) contribute over 70% of the disease burden in Uganda.[21] *An NCD investment case*[22] *done by the Ministry of Health in 2021 showed that an investment of UGX 4,300 billion over a 15-year period which translates to UGX 286 billion annually, would see government save UGX 477 billion in direct health expenditures and UGX 4,793 billion annually in enormous productivity losses (indirect costs). Action on NCDs is even more urgent now as Covid-19 and NCDs are exacerbating each other. An allocation of UGX 579,000,000 to NCDs for the FY 2022/23 simply shows how unprepared we are to*

---

[19] Ibid, Page xiii

[20] Ssengooba, SN Kiwanuka, E. Rutebemberwa, E. Ekirapa-Kiracho (2017), Universal Health Coverage in Uganda: Looking Back and Forward to Speed up the Progress. Makerere University, Kampala Uganda., p293

[21] Insert Source...

[22] An **NCD investment case** is a quantitative analysis providing the economic arguments for investing in the prevention and control of NCDs.