



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

**MINISTERIAL STATEMENT TO PARLIAMENT ON THE STATE OF THE HEALTH
SERVICE DELIVERY IN UGANDA**

A handwritten signature in black ink, appearing to read "Jane Ruth Aceng".

Hon. Jane Ruth Aceng

Minister of Health

12th March, 2019

Rt. Hon Speaker,

Hon. Members,

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.

Rt. Hon. Speaker the Vision of the National Health Policy II is *“A healthy and productive population that contributes to the socio-economic growth and national development”*, and the Goal of the Health Sector Development Plan 2015/16 – 2019/20 is *“To accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life”*.

The Uganda Demographic Health Survey report 2016 shows positive trends, with a progressive reduction of most of the mortality indicators over the previous ten to fifteen years. In particular, Under-five mortality rate showed a significant decline from 90 (2011) to 64 per 1,000 live births in 2016. The Infant Mortality Rate (IMR) stands at 43 per 1,000 (UDHS 2016) which is a significant improvement from IMR of 54 per 1,000 live births (UDHS 2011). The Maternal Mortality Ratio declined from 438 per 100,000 (UDHS 2011) live births to 336 (UDHS 2016). According to the National Population Census Report, life expectancy has also improved from 45 years in 2003 to 63 years by 2015.

Hon. Speaker the National Health Policy emphasizes delivery of the Uganda National Minimum Health Care Package which consists of interventions that address the high disease burden. The Health System Structure ranges from the Community Level (Village Health Teams) to Tertiary Level (National Referral and Specialized Hospitals). The majority of service providers from both the public and private sector focus on delivery of Primary Health Care under the District Local Governments.

Hon. Speaker, by 1997, only 47% of the population who needed Health Care could access outpatient services (NHP 1999) and by 2016, 86% of the population were within 5km of a health facility (NHS 2016). The Uganda Master Facility List shows that we have a total of 6,937 health facilities in the country of which 45% are

public or government, 15% are Private-Not-For Profit and 40% are for the Private for Profit sector.

Table with breakdown of health facilities by level and ownership

	GOVT	PPF	PNFP	GRAND TOTAL
CENTRAL REGION	667	2129	337	3133
Central 1	340	590	163	1093
Central 2	301	168	113	582
Kampala	26	1371	61	1458
EASTERN REGION	838	243	253	1334
East Central	337	91	127	555
Mid Eastern	351	107	77	535
North Eastern	150	45	49	244
NORTHERN REGION	733	176	152	1061
Karamoja	120	2	22	144
Mid Northern	366	119	82	567
West Nile	247	55	48	350
WESTERN REGION	896	247	267	1410
Mid Western	347	124	88	559
South Western	549	123	179	851
GRAND TOTAL	3134	2795	1009	6937

1 Health Infrastructure Status

The Ministry of Health Service Standards were developed based on the first National Health Policy which recommended that a general hospital should serve a population of 500,000, Health Center IV should serve 100,000 people, a Health Center III should serve 20,000 people and Health Center II 5,000 people.

In fulfilment of the NRM Manifesto Government committed to continue implementing the Health Infrastructure Policy of having and functionalising Health Centre IVs in every political constituency, and health centre IIIs per sub-county. Many Health Centre IIs will be upgraded and expanded in line with the policy.

current health infrastructure gap is as follows;

s/n	Infrastructure Gaps	Qty
1	No. of Districts without a hospital at all	39
2	No. of Constituencies without a HC IV	29
3	No. of Sub Counties with no HC III but have HC IIs that can be upgraded	331
4	No. of Sub Counties with no HC III but have a HC IV or hospital	188
5	No. of Sub Counties with no health facility at all	132

1.1 Health Centre IIIs

- Rt. Hon. Speaker, Cabinet approved the Ministry of Health proposal for upgrading 285 HC IIs in subcounties without HC IIIs with funding from the Uganda Inter-government Fiscal Transfer Reform Program. A total of Ug. Shs. 200 billion has been allocated to the health sector and work started this FY 2018/19 with 125 HC IIs and will be completed in 2019/20. Another 71 HC IIs will be allocated funds for upgrade in FY 2019/20 and the remaining 89 HC IIs will be upgraded in FY 2020/21. All the upgraded facilities will be equipped with solar lighting.
- Under the Uganda Reproductive, Maternal and child health Improvement project, 41 HC IIs will be upgraded to HC IIIs and 40 HC IIIs functionalized in 56 districts.
- A request for a loan of 10 Million Euros is being followed up for Health Infrastructure Development in Karamoja region and this will include upgrading HC IIs to IIIs and constructing HC IIIs where they do not exist.
- Rt. Hon. Speaker, beginning FY 2019/20 MoFPED will enhance the Non-Wage Grant to Local Governments and provide funding for equipment of the HC IIIs.
- For 132 HC IIIs in subcounties that don't have any health facility, Cabinet directed MoFPED to obtain a loan. The construction is estimated at Ug. Shs. 145.2 billion and equipping at Ug. Shs. 46.2 billion. Ministry of Health put in a request to MoFPED on June 6th 2018.

1.2 Health Centre IVs

Of the 290 constituencies 29 do not have HC IVs. The plan is to revamp existing HC IVs and construct new ones or upgrade HC IIIs to IVs in constituencies without HC IVs. The total cost for constructing the 29 HC IVs is Ug. 101.5 billion and equipping is Ug. Shs. 43.5 billion. While the cost of functionalizing them comes to Ug. Shs. 19.6 billion annually. Cabinet advised that we conclude the HC IIIs before we can commence the HC IV construction.

1.3 District Hospitals

According to the National Health Policy a general hospital serves a population of 500,000. There are 147 hospitals of which 63 are government, 64 NGO and 20 are private. However, there are disparities in geographical distribution and accessibility. Government provides PHC Non-Wage Grant to PNFP Hospitals to serve populations in districts where they exist.

Rt. Hon Speaker, rehabilitation and equipping of 9 hospitals under Uganda Health Systems Strengthening Project (UHSSP) was completed by June 2017 i.e. Mityana, Nakaseke, Kiryandongo, Entebbe Grade B, Nebbi, Anaka, Iganga, Moyo and Moroto RRH and these hospitals were allocated additional funds for recruitment of specialists and medicines and recurrent costs.

Rehabilitation and equipping of Kawolo Hospital started on 1st May 2017 at a contract sum of USD 10.8 million (Shs. 39 billion) and is ongoing under the Spanish debt swap and was at 80% by end of June 2018. Rehabilitation of Busolwe Hospital will commence when finance has provided a counterpart funding of Ug. Shs. 6 billion. The Spanish Government has put it as a condition to MoFPED before they release the committed grant of 6.4 Million USD. This has been brought to the attention of MoFPED.

Contracts were signed for the renovation and expansion of Kayunga and Yumbe General Hospital on 5th January 2018 and are progressing well.

Koboko, Rukunyu, Kaberamaido and Maracha HC IVs were upgraded to hospital status. Ministry of Health awaits funding to match the status. The current funding to these facilities still remains for HC IV which is inadequate to match the hospital status and services being offered. Ministry of Health has written to MoFPED to provide Ug. Shs. 3.52 billion for this purpose in this coming Financial Year.

18 districts have PNFP Hospitals which receive PHC non-wage grants to support them provide services as district general hospitals. These are Agago, Amolatar,

Amudat, Budaka, Bushenyi, Ibanda, Kaberamaido, Kalungu, Kiruhura, Maracha, Mayuge, Mpigi, Mukono, Napak, Ngora, Oyam, Rukungiri and Zombo.

Two (2) districts have private hospitals (Buhweju and Sembabule).

39 districts do not have any hospitals at all. These are Alebtong, Amuria, Amuru, Bukedea, Bukomansimbi, Bulambuli, Buvuma, Buyende, Dokolo, Gomba, Isingiro, Kalangala, Kaliro, Kamwenge, Kibuku, Koboko, Kole, Kotido, Kween, Kyankwanzi, Kyegegwa, Luuka, Lamwo, Lwengo, Manafwa, Mitoma, Nakapiripirit, Namutumba, Namayingo, Ntoroko, Otuke, Pader, Rubirizi, Serere, Sironko, Kibale, Kakumiro, Rubanda and Omoro. The population of most of these districts does not meet the recommended catchment population for a general hospital except Isingiro, Amuria and Serere.

In addition there are districts that deserve special attention because of their geographical location, these are Island and mountainous districts like Buvuma, Kalangala, Namayingo, Mayuge and Namisindwa. When resources are available Ministry of Health will prioritize these districts first. The estimated start up cost per hospital for construction, human resources, medicines and medical equipment is Ug. Shs. 31.3 billion.

Below is a table showing the detailed breakdown of the costs.