



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.

Development	Estimated unit cost per Hospital –In Billions-UGX	Total costs for 41 General Hospitals- UGX
Development infrastructure	20	820
Equipment	6.5	266.5
Sub Total-Dev't	26.5	1,086.5
Recurrent		
Wage-planned	3.2	131.2
Non-Wage Recurrent-planned	1.2	49.2
Medicines-planned	0.4	16.4
Sub-Total Recurrent	4.8	196.8*
Grand Total	31.3	1,283.3

Ministry of Health will consider constructing hospitals where they are needed upon availability of resources.

1.4 Regional Referral Hospital

There are 13 Regional Referral Hospital (Arua, Gulu, Lira, Soroti, Moroto, Mbale, Jinja, Masaka, Mbarara, Fort Portal, Hoima, Kabale and Mubende). Since FY 2008/09 each of the RRHs has been receiving a development budget ranging from Ug. Shs. 1 billion to 3 billion to enable them revamp and construct missing infrastructure. Most of the RRHs have utilized this money well though progress is slow because of the cost of construction. The hospitals have constructed staff houses, specialized wards, medical equipment maintenance facilities, private wings, etc. Oxygen plants with adequate capacity to supply lower level facilities have been installed in all RRHs and plans are underway to scale up oxygen supply to lower level units at an estimated investment Ug. Shs. 50.5. billion over 5 years. These costs include back up generators with the attendant accessories, cylinders, piping, distribution, maintenance and operational costs. This will be done when funding is available. In the meantime NMS is delivering to the facilities that have oxygen cylinders while others are using oxygen concentrators.

Some RRHs like Masaka, Mbale, Mubende, Gulu and Arua signed contracts for specialized units that are over and above what the MTEF provides annually without consultation. This has resulted in slow progress and a number of projects stalling but also depriving the other RRHs of their annual release of Ugs. Shs. 1 billion in their favour. To complete these projects an additional amount of Ug. Shs. 48.4 billion is required (Masaka – 10.4 bn, Mbale – 16 bn, Mubende – 4.5 bn, Gulu – 3.5 bn and Arua – 7.7 bn).

The population of Wakiso district has exceeded 3 million. Ministry of Health discussed with Wakiso DLG the need to upgrade Entebbe Grade A and B as one hospital to a regional status. This has been approved and MoH has written to MoFPED twice 2017/18 and 2018/19 to provide funding amounting to Ug. Shs. 7.8 billion for refurbishing Grade A and an additional Ug. Shs. 4.496 bn for wage, 1.6 bn for Non-Wage and 1.4 bn for development operationalizing it as a RRH (granting a vote status).

Rt. Hon Speaker, while the Regional Referral Hospitals are expected to provide secondary care to the population, a number of them have not been providing services sufficiently due to challenges of inadequate specialized human resources and equipment.

RRHs are expected to provide imaging, diagnostic, intensive care, dialysis, and specialized surgical and medical services on top of the general services being provided by the general hospitals. However, the current status does not enable them to provide their mandate. The Ministry of Health with a Grant from the Netherlands Government of 23 million Euros and counterpart funding from government of 23 million Euros released every quarter for the next 5 years, plans to refurbish RRH imaging departments and provide equipment such as CT Scans, X-ray machines, Ultrasound machines, intensive care, dialysis, theatre equipment, amongst others.

With JICA support Hoima and Kabale RRHs were expanded and equipped and works are expected to begin in Lira, Arua and Gulu RRHs this year.

1.5 National Referral Hospitals

Rt. Hon. Speaker, the country has 6 National Referral Hospitals (Mulago NRH - Upper Mulago, Butabika National Mental Referral Hospital, Kiruddu, Kawempe and Naguru. Construction of the Kawempe and Kiruddu National Referral Hospitals was completed and now are functional specializing in services as follows;

- Kawempe – Paediatrics, Obstetrics and Gynaecology, Adolescent Health and Emergency Medical Services.
- Kiruddu – Internal Medicine, Plastic Surgery, Endocrine surgery, dialysis, burns and Emergency Medical Services.
- Naguru – Orthopaedics, Trauma and Emergency Medical Services.
- Mulago NRH – (Upper Mulago) – Handles all disciplines save for obstetrics and gynecology. This hospital needs revamping and equipping estimated at about 80 billion shillings.
- Butabika NMRH – This hospital provides mental health services however faces human resource challenges, inadequate medicines and equipment like X-ray and CT Scan. The funding gap is estimated at Ug. Shs. 6.2 billion for additional specialized medicines for Butabika and other Mental health units in the RRs.

1.6 Specialized Hospitals

1.6.1 Mulago Specialized Hospital

Lower Mulago Hospital which was part of the Mulago National Referral Hospital has been converted into Mulago Specialized Hospital to offer super specialized services to Uganda and the entire region.

The Rehabilitation work for Mulago Specialized Hospital is ongoing and the current progress of work is at 91%. Currently we require Ug. Shs. 36 bn (USD 9.6 million) for completion of the works. Mulago Specialized Hospital will provide super specialized services including organ transplant (kidney, cornea, liver, bone marrow, stem cell, etc), laparoscopic services, neurospinal surgery, orthopedic

surgery, nuclear and endocrinological medicine among others. The funding requirement to operationalize this hospital is Ug. Shs. 17.8 bn for wage including additional expatriates and Ug. Shs. 58.3 billion recurrent non-wage.

1.6.2 Mulago Specialised Women & Neonatal hospital

Construction and equipping of 450 Bed Specialised Women & Neonatal hospital at Mulago was completed at a cost of Ug. Shs. 100 billion (25 million USD) and launched by H.E. the President in October 2018. The hospital requires a total of Ug. Shs. 53.8 billion to become fully operational however MoFPED provided only Ug. Shs. 4.8 bn in FY 2018/19 for recurrent Non-wage. This 53.8 bn includes wage Ug. Shs. 11 bn, recurrent Non-wage Ug. Shs. 29 bn and capital development Ug. Shs. 13.8 bn. The hospital is currently depending on Mulago NRH for human resources which has caused a strain on the operations of Mulago.

1.6.3 Regional Specialized Paediatric Surgical Hospital Entebbe

The Construction of the Regional Specialized Paediatric Surgical hospital was commissioned in February 2017 in Entebbe and will be completed by 2020. The hospital will provide services to the nation and the region. A GoU provision of Ug. Shs 19 bn has been made so far and Ug. Shs. 5 bn included in the budget for FY 2019/20 leaving a funding gap of Ug. Shs. 21 billion.

1.6.4 Uganda Cancer Institute s

The EAC identified and approved UCI as centre of excellence for training, research and treatment of cancer in East Africa. GoU acquired a loan of 38 million USD (Ug. Shs. 152 billion) to address training of specialists, procurement of specialized cancer equipment and construction of a centre of excellence.

183 students have been funded to pursue different courses in cancer related disciplines including 14 specialist oncology fellowships and 10 PhDs. The Uganda Cancer Institute has established and continues to develop training programs to train specialists locally including in Paediatric Oncology, Medical Oncology, Gynecologic Oncology, Hematology and Oncology Nursing.

A Linac machine has been procured and will soon be installed, and a contract has been signed for construction of the centre of excellence. The UCI commissioned a new Cobalt-60 Radiotherapy Machine and is constructing 6 more radiotherapy bunkers which will house 4 Linear Accelerators, 2 brachytherapy) to improve the radiotherapy services. This construction is expected to be completed by close of this year.

1.6.5 Uganda Heart Institute

The Uganda Heart Institute (UHI) has attained the necessary technical expertise to position it as a world class cardiovascular care Center in addition to being a training and research hub. Using this mandate, the Institute has registered major achievements in cardiac surgery, cardiac catheterisation interventions, high calibre research and fellowship training of super-specialists in the cardiac fields meriting special recognition by collaborating Institutions of International repute.

The Institute requires specific support in the area of infrastructure development to solve the challenge of space and funds for super-specialized sundries and supplies. UHI has excelled in developing its human resource structure (over 30 super specialists trained locally) and attaining a robust international standard of care which are a pre-requisite for developing financial independence if it can be given initial support.

Ministry of Health has requested for Ug. Shs. 331 billion for construction of a stand alone centre of excellence for the UHI. This will be in addition to the current infrastructure in Mulago.

2 Human Resources for Health

The National Staffing level is at 73% i.e. 45,029 out of the 61,796 approved posts filled in the public sector (Source 2016/17 AHSPR). The target is to increase to at least 76% in 2018/19 and 80% by 2019/20. In FY 2018/19, a wage enhancement (150 bn) was provided to the Health Sector.

Overall, the stock of qualified health profession available for employment in the health sector increased from 90,412 (2017) to 101,350 (June 2018) but recruitment is constrained by limitation of wage and failure to attract and this has mainly affected the specialists due to the low remuneration.

2.1 Consultants and Senior Consultants

Currently there is a gap of 219 Clinical Specialists and 650 support cadres at National and Regional referral levels in the public sector. The 2015 Human Resources for Health (HRH) audit, indicates that the vacant posts for consultants and senior consultants in the national and RRHs in the country is at 61% while the gap for the specialized cadres is at 83%.

Ministry of Health requires Ug. Shs. 5.4 billion to recruit specialists for the 13 RRHs and the 14 general hospitals which have been rehabilitated to fill in the gaps. A request to the MoFPED was made on the 9th January 2019 and we await response.

The current structure of the lower health facilities and RRHs is constricted and plans are underway to review these structures with the MoPS. Even if the current positions are filled the human resources available will still be inadequate to serve the ever increasing population. A training, absorption and retention plan was developed to address this gap over the next 5 years. The estimated total cost for training specialists is **14.37 billion** and super specialists is **43.32 billion** Uganda shillings. Government needs to enhance the salaries of the medical personnel to attract and retain them.

Overall, the stock of qualified health profession available for employment in the health sector increased from 90,412 (2017) to 101,350 (June 2018) but recruitment is constrained by limitation of wage and failure to attract and this has mainly affected the specialists.

Table Showing Disparities between clinical specialists and academicians

Academicians	Salary/month	Clinicians	Salary/ Month
Professor	9,150,000	Sr consultant	4,500,000
Ass. Prof.	8,586,507	Consultant	4,200,000
Senior lecturer	7,725,507	Med. Officer Special Grade	3,750,000
Lecturer	7,013, 324	Principal MO	3,750,000
Ass. Lecturer	5,237,000	Senior MO	3,300,000

A professor and a senior consultant have comparable training and years of experience. An Assistant lecturer earns more than a senior consultant as seen in the table above. All consultants who were employed in the RRHs left this FY to join the universities for a more lucrative academic career. There is therefore urgent need to replace them at more competitive salaries of the RRHs are to function effectively.

2.2 Other Critical Cadres for Lower Health Facilities

The Ministry of Health has awarded scholarships for health workers from hard to reach areas as well as for those pursuing courses to fill critical gaps. Under the Uganda Reproductive Maternal and Child Health Services Improvement Project (URMCHIP), a total of 188 scholarships were awarded in FY 2017/18: These included 21 in Masters in Anaesthesia, 14 for Bachelor of Anaesthesia, 32 in Diploma in Anaesthesia; 15 for Masters of Anaesthesia and 78 for Theatre Assistants among others. Another 529 scholarships were advertised under the URMCHIP for FY 2019/20 also targeting critical cadres including Biomedical Engineers and Cold Chain Technicians.

3 Medicines and Health Supplies

Overtime the GoU Essential Medicines and Health Supplies (EMHS) allocation has been increasing from Ug. Shs. 202 billion in FY 2010/11 to Ug. Shs. 284 billion in FY 2017/18. However, the budget increases for EMHS are not in tandem with the population growth over the years and thus the declining trends in the per capita allocations. This represents only 49% of the annual medicines need.

The average allocation of essential medicines and health supplies per level of facility in FY 2017/18 was as follows;

- Each Health Centre II is allocated UGX. 5,395,450/= annually translating into Shs. 900,000/= for every two months for a population of approx 5,000.
- Each Health Centre III is allocated UGX. 10,790,900/=, which translates into 1,800,000/- for every two months.
- Each Health Centre IV is allocated UGX. 21,581,800/= which translates into 3,600,000/- for every two months.
- Each General Hospital is allocated UGX. 77,610,810/= which translates into 13,000,000/- for every two months as a referral for a population of 500,000.
- Each Regional Referral Hospital is allocated UGX. 240,584,615/= every two months which translated into an average of 1.4 bn annually.

3.1 State of Emergency Medical Services in the Country.

Emergency Medical Services have 3 levels i.e. Care at Scene of Emergency, Care during transportation and Care at the emergency unit at the Health facility.

The Ministry has approved the Strategic Plan for addressing emergency medical services gaps in the country and also endorsed the EMS Policy for presentation to cabinet. A certificate of financial implications has been requested from Ministry of finance, Planning and Economic Development before presentation to Cabinet.

MOH has been training lay first responders and medical first responders in order to improve on the responsiveness to emergencies wherever they occur. This is planned to be scaled up in the next 5 years.

Financing for the EMS Strategic Plan

- USD **117,670,700 (UGX 447.148 B)** is required to finance the first 5 years of this policy
- First year and or second year annual expenditure for ambulance care is UGX **125 Billion** (32.8M USD) for 225 Health sub-districts in Uganda
- Operationalizing existing 173 ambulances (@ 26585USD) is 7,975,500 USD equivalent to UGX **30,306,900,000**
- Establishing a Call and Dispatch system (Communication system) *excluded*
- Ambulance stations and Spots *excluded*

So the total need for first two years is UGX 125B + 30,3 B = 155.3 B

We also acquired a universal medical emergency response number 912 from Uganda Communications communication and we shall establish 14 Medical Call & Dispatch centres (1 Ambulance command centre per region).

On transportation the country has 441 ambulance vehicles and majority are in private hands as per table below. 65% of ambulances in the private sector are in Kampala metropolitan area. This cannot be rationally distributed because they are privately owned.

The recommended ambulance vehicle population ratio is 1: 100,000, meaning that Uganda as a country requires 400 ambulance vehicles for Basic emergency care response. The government owns 173 ambulances showing a deficit of 225 type B ambulance vehicles. This gap will be filled over the medium term. The existing 173 ambulance vehicles need to be re-equipped and staffed to meet the minimum ambulance standards.

On average cost of Type B ambulance vehicle from purchase to functionality annually is 429,631,800 UGX (113,061 USD).

We have also planned for 5 type B boat ambulances for Island districts and each costs on average 350,000 to 400,000 USD. We intend to liaise with colleagues in South Africa to establish the actual costs.

4 Health Financing

The total Budget allocation to the Health Sector for FY 2018/19 is Ushs 2,308.36 billion up from Ushs 1,824 billion in FY 2017/18. This accounts for 7.4% of the national budget up from 6.4% in 2017/18.

PROPORTION OF PHC NON WAGE REQUIREMENT FUNDED BY THE CURRENT BUDGET.

	Average monthly requirement	Annual requirement	Current average monthly allocation per facility	Proportion of requirement funded by current budget per facility
LG_Health_Office_(D HO_MHO)	8,280,000	99,360,000	1,927,007	23%
Municipal Health Office	3,519,333	42,232,000	1,039,882	30%
HC_IV	3,519,333	42,232,000	1,039,882	30%
HC_III	1,299,333	15,592,000	519,941	40%
HC_II	1,049,333	12,592,000	259,970	25%

An additional funding requirement in FY 2018/19 is 39.5 Billion shs. Detailed analysis is indicated in annex 2 of the report.

4.1 Universal Health Coverage

Currently, Cabinet is discussing the Draft National Health Insurance Bill, 2014 that seeks to create a National Health Insurance Scheme. Once enacted into law by Parliament that legislation will be a major milestone in the journey of attaining Universal Health Coverage because it will reduce out of pocket expenditures currently at 40% of the total health expenditure that has been a hindrance for access to care.

Rt. Hon. Speaker, Hon, Members, working closely with partners, the Ministry of Health is also focusing on improvement of Reproductive, Maternal, Neonatal, Child and Adolescent health services to reduce avoidable deaths of mothers and Children and improve their health status.

Another critical area of focus is the improved supply of selected RMNCAH commodities, including Contraceptives, Pregnancy test kits, Blood grouping reagents, vaccines, etc.

There is an urgent funding gap of Ug. Shs. 5.6 billion for vaccines for this Financial Year. By end of March 2019, if these funds are not provided there will be stock out of vaccines nationwide.

Rt. Hon Minister, the Ministry is also Focus health service delivery on: health promotion, disease prevention and community health interventions, reproductive health, maternal, neonatal and child health, prevention and control of communicable diseases and outbreaks as well Non-communicable diseases.

Strategic plans have been developed to guide implementation of key interventions under each program area.

- Hepatitis B testing and vaccination was concluded in the 41 districts of Northern, West Nile, Karamoja and Teso sub regions in the first phase of the exercise. Phase 2 is ongoing in Eastern region including Busoga and

regions and the remaining parts of the country shall be covered by the end of 2019.

- H.E. the President Y.K Museveni launched the National Exercise Day on 8th June 2018. Final draft for the NCDs multi-sectoral strategy that awaits costing. Health education is being conducted in all health facilities on how to prevent NCDs.
- ART coverage among HIV infected adults and children increased to 86% (1,140,110 / 1,340,000) from 73% (1,028,909/1,402,628) in 2016/17 and 61.4% (898,197/1,461,744) in 2015/16. This progressive trend implies that the country is on track to achieve the second of the triple 90-90-90 by 2020 targets in the Fast Track Strategy for ending AIDS by 2030, i.e. 81% of all HIV infected people enrolled on ART.
- An additional Ug. Shs. 50 billion is required to bridge the gap for ARVs in FY 2019/20. However, because of procurement processes the money is required now.

For God and my Country



Hon. Jane Ruth Aceng

Minister of Health

12th March, 2019

ANNEX 1: Sub-counties, Town Councils & Divisions with no health facilities at all (132)

No.	Subcounty / Town Council / Division	County	Districts
1.	Awach	Labwor	Abim
2.	Magamaga		
3.	Lira Palwo TC	Agago	Agago
4.	Patongo		
5.	Anyanga	Moroto	Alebtong
6.	Oteno	Ajuri	
7.	Akwon	Kioga	Amolatar
8.	Akoromit	Kapelebyong	Kapelebyong
9.	Ayabi TC	Maruzi	Apac
10.	Bubiita	Lutsheshe	Bududa
11.	Nabweya		
12.	Buwali		
13.	Bumasheti	Manjia	
14.	Kajana TC	Buhweju	Buhweju
15.	Nyakaziba TC		
16.	Rubengye		
17.	Koena	Bukedea	Bukedea
18.	Aligoi		
19.	Komuge		
20.	Kwarikwar		
21.	Bukomansimbi TC	Bukomansimbi North	Bukomansimbi
22.	Bukhalu	Elgon	Bulambuli
23.	Bulegeni		
24.	Muyembe		
25.	Kamu	Bulambuli	
26.	Kagugu	Bughendera	Bundibugyo
27.	Mabere	Bwamba	
28.	Baganikere TC		
29.	Buheesi TC	Bunyangabu	Bunyangabu
30.	Kyamukube TC		
31.	Bulumbi	Samia Bugwe North	Busia
32.	Buwooya	Buvuma Islands	Buvuma
33.	Lubya		
34.	Lwajje		
35.	Lyabaana		

No.	Subcounty / Town Council / Division	County	Districts
36.	Igorora TC	Ibanda	Ibanda
37.	Kakamba	Bukanga	Isingiro
38.	Karago TC	Burahya	Kabarole
39.	Kiko TC		
40.	Rwankenzi TC		
41.	Kabamba	Buyaga West	Kagadi
42.	Kagadi	Buyaga East	
43.	Ruteete		
44.	Bwanswa	Bugangaizi West	Kakumiro
45.	Kikwaya		
46.	Kisengwe		
47.	Mpasaana	Bugangaizi East	
48.	Kiita		
49.	Nansololo	Bulamogi North West	Kaliro
50.	Bubango	Buyanja	Kibaale
51.	Bwamiramira		
52.	Karama		
53.	Goli-Goli	Kibuku	Kibuku
54.	Lwamata		
55.	Nabiswa		
56.	Nandere		
57.	Nankodo		
58.	Kisoro Northern Division	Kisoro Municipality	Kisoro
59.	Okwerodot	Kole North	Kole
60.	Kumi Nothern Division	Kumi Municipality	Kumi
61.	Ayabi TC	Kwania	Kwania
62.	Binyiny	Kween	Kween
63.	Kaptoyoy		
64.	Byerima	Butemba	Kyankwanzi
65.	Butemba		
66.	Kyankwanzi		
67.	Nkandwa		
68.	Kabweza	Kyaka	Kyegegwa
69.	Butunduuzi	Mwenge South	Kyenjojo
70.	Kyakatwire TC		
71.	Kanyegaramire		
72.	Nyabirongo		

No.	Subcounty / Town Council / Division	County	Districts
73.	Nyantungo		
74.	Nyakiksi	Mwenge Central	
75.	Kyamutunzi TC	Mwenge North	
76.	Lwengo TC	Bukoto Mid-West	Lwengo
77.	Bugobero	Bubulo West	Manafwa
78.	Bukandala		
79.	Bukhofu		
80.	Bukusu		
81.	Bunabwana		
82.	Bunyinza TC		
83.	Butta		
84.	Buwangani TC		
85.	Khabutoola		
86.	Maefe		
87.	Nalondo		
88.	Sibanga		
89.	Weswa		
90.	Kijomoro	Maracha	Maracha
91.	Ajira		
92.	Kigurya Division	Masindi Municipality	Masindi
93.	Lwasso	Bungokho North	Mbale
94.	Namabasa		
95.	Bbanda TC	Busujju	Mityana
96.	Zigoti TC		
97.	Obongi TC	Obongi	Moyo
98.	Kigando	Kasambya	Mubende
99.	Katosi TC	Mukono	Mukono
100.	Kinoni	Nakaseke North	Nakaseke
101.	Kitto		
102.	Ngoma		
103.	Bukhweka	Bubulo East	Namisindwa
104.	Bukiabi		
105.	Lwakhakha TC		
106.	Magale		
107.	Mukoto		
108.	Nabweyo	Busiki	Namutumba
109.	Nangonde		

No.	Subcounty / Town Council / Division	County	Districts
110.	Poron	Bokora	Napak
111.	Lorengchora		
112.	Abindu Division	Nebbi Municipality	Nebbi
113.	Thatha Division		
114.	Butungama	Ntoroko	Ntoroko
115.	Ntungamo Western Division	Ntungamo Municipality	Ntungamo
116.	Rukoni West	Ruhama	
117.	Got Apwoyo	Nwoya	Nwoya
118.	Lungulu		
119.	Minakulu	Oyam South	Oyam
120.	Katerera	Katerera	Rubirizi
121.	Masheruka	Sheema North	Sheema
122.	Buhugu	Budadiri East	Sironko
123.	Bukyabo		
124.	Bukyambi		
125.	Busulani		
126.	Bunyafa	Budadri West	
127.	Tubur	Soroti	Soroti
128.	Kuru	Aringa	Yumbe
129.	Lodonga TC	Aringa South	
130.	Akaa	Okoro	Zombo
131.	Alangi		
132.	Athuma		

Annex 2: HC III Construction Budget Estimates

Development	Estimated unit cost per HC III-In Billions-UGX	Total costs for Constructing 132 HC IIIs - UGX In Billions	Remarks
Infrastructure	1.1	145.2	Outpatient Department, maternity ward (4 beds) and general ward (10 beds), sanitary facilities for patients and health providers, placenta pit and medical waste pit & 4 staff housing units.
Equipment	0.35	46.2	Based on the MoH Medical Equipment list
Total	1.45	191.4	

Table 1. SUMMARY OF NATIONAL AMBULANCE CENSUS Dec 2018

S/N	REGION	GOU		PNFP/NGO/ MP		PFP		TOT AL	FUNCTIONAL ITY	
		F	G	F	G	F	G		F	G
1	Kampala Metropolitan Area	26	6	31	1	51	2	117	108	9
2	Ankole/ Kigezi	43	9	26	4	5	2	89	74	15
3	Bunyoro/ Toro	20	2	7	1	7	0	37	34	3
4	Central Region	18	17	26	5	7	4	77	51	26
5	Busoga sub region	8	2	11	0	4	2	27	23	4
6	Bugisu/Bukedi/Sebei sub region	8	3	11	0	15	1	38	34	4
7	Acholi/ Lango sub region	19	6	12	0	4	0	41	35	6
8	West Nile sub region	12	12	37	0	1	0	62	50	12
9	Teso sub region	10	7	7	2	2	0	28	19	9
10	Karamoja sub region	9	4	4	2	0	0	19	13	6
	Total	173	68	172	15	96	11	535	441	94