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Towards Universal Health Coverage in Uganda: A Multi-Sectoral Approach

Abstract

Globally, the Universal Health Coverage (UHC) goal is "to provide healthcare and financial protection to at least 90 percent of the population of a given country". Uganda's specific UHC goal is 65 percent by 2030. However, at 44 percent coverage, Uganda is far from attainment of its goal. The slow progress is attributed to: a curative approach to health, yet 75 percent of the disease burden is preventable; emphasis on communicable diseases amidst an increasing burden of Non-Communicable Diseases (NCDs); inadequate functionality and quality of health services partly due to workforce shortages; and high direct individual payments for health services (Out of Pocket expenditure). This policy brief analyses the low performance on UHC and makes a case for a multi-sectoral approach to UHC in Uganda; undertaking policy reforms in health financing; fast tracking legislation for the National Health Insurance Scheme (NHIS); re-focusing on functionalizing existing health facilities; addressing the critical human resource gaps; and increased investment in prevention and treatment of NCDs

Introduction

Globally, a country is said to have attained UHC when it is able to provide essential health services and financial protection to more than 90 percent of its population through a combination of compulsory insurance and tax revenues. In line with the global aspiration, Uganda's UHC goal is to *"provide access to essential quality health and related services without financial constraints to at least 65 percent of all people in Uganda by 2030"*.This is to be realized by pursuing three main objectives, namely:

1) To attain a 25 percent reduction in all preventable illnesses caused by the key social determinants of health by 2025;
2) To attain a 25 percent reduction in preventable deaths from both communicable and non-communicable diseases by 2025; and
3) To achieve 50 percent access to financial protection for ill health by 2025.

How Has Uganda Conceptualized UHC?

UHC is based on three health system blocks, that is: i) health service delivery; ii) Other sectoral health related factors and iii)Health financing. The service delivery block is about the range of essential quality services provided and the population that is covered, including the health workforce, medical products, vaccines and technologies. The other sectoral health related services block covers health promotion and disease prevention services by other sectors, while the financing block is about financial protection of the population for ill health. Within this framework, a multi-sectoral approach is critical for accelerated attainment of Uganda's UHC goal and targets.

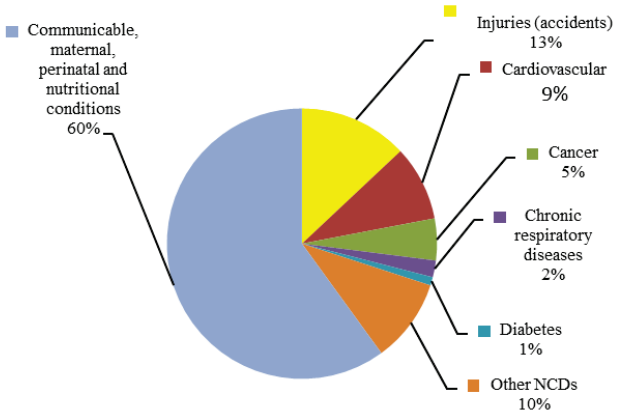
Where is Uganda on the UHC Scale?

As of 2016, Uganda's UHC service coverage index stood at 44 percent[1]. This is far below the global UHC target of at least 90 percent of the population of a given country and Uganda's target of 65 percent. The low score is attributed to the following factors:

A. Health Service Delivery Factors

1) **Coverage of NCDs is very limited even for basic services.** Uganda's National Minimum Health Care Package (UNMHCP) emphasises communicable diseases amidst a rapidly increasing burden of Non-Communicable Diseases (NCDs) at 40 percent

Figure 1: Uganda's Disease burden*(Source: WHO, 2014)*



This has made the adult population vulnerable because NCDs such as cancer, cardiovascular disease, diabetes are expensive to treat especially in advanced stages.

2) **The functionality of health service delivery is low despite 75 percent of the population living within a 5km radius of a health facility.** This is due to a critical gap in human resources for health and limited coverage of comprehensive services (especially for specialty and diagnostic services).

(i) Uganda's total health human resource deficit stood at 25% and the Net Public Health Sector Staffing Gap at 21.1% in 2016. The health worker to patient ratio is estimated at 155 health workers per 1,000,000 persons, which is below the SDG target of 445 doctors, nurses and midwives per 100,000 persons.

(ii) **Geographical coverage of comprehensive and quality services is still low and inequitable across the country.** Of the 12 advanced diagnostic and treatment services assessed under the Uganda Hospital and Health Centre IV Census survey of 2014, only 3 (24%) were reported available in hospitals other than Mulago. Only the national referral hospital was offering services such as radiotherapy and cardiac catheterization. More advanced diagnostic and treatment services are only offered in the Central region.

(iii) Whereas the National policy on medical products and health technologies is Zero tolerance to stock-out of Essential Medicines and Health Supplies (EMHS), significant shortages exist. For instance, the percentage of health facilities with all six tracer vital medicines available on the day of visit, by level of care, was only 36 percent in FY2014/15 against a target of 80 percent[2].

B. Other Sectoral Health Related Factors

1. **The bulk of Uganda's disease burden (75 percent) is preventable through a multi sectoral approach; however, the current approach to health is curative.** Health services in Uganda are left almost exclusively to the health sector. The potential of multi sectoral collaboration remains untapped yet the determinants of health that led to the bulk of the 75% burden of disease are a responsibility of other sectors.

2. **Preventable diseases associated with risk factors such as unsafe water, poor sanitation and hygiene (WASH), housing conditions and lifestyles account for a big proportion of the burden of disease across all demographic groups.**
For instance, in 2016, diarrheal diseases contributed 69 percent of childhood illnesses, child stunting was at 29 percent, malaria prevalence was 19 percent, and accidents/ injuries at 13 percent, under-nutrition is high especially among children and women of reproductive age. Additionally, sanitation coverage is low - improved toilet coverage (19%), unimproved (55%), shared toilet (20%), and lack toilet (7%). Hand washing with soap and water is only 34 percent, poor housing conditions leading to respiratory diseases is high.

C. Health Financing Factors

1. **Uganda's overall per capita spending on health both public and private at US$ 53 per capita in 2011/12, is low compared to the recommended WHO minimum level of US$ 84 per capita.**Whereas Uganda's per capita

public health expenditure on health has marginally grown from US$ 9 in 2011 to 13.5 in 2015[3], it is still far below the WHO recommendation of $34.

2. Uganda's direct individual payments for health services (Out of Pocket (OOP) expenditure) of 41 percent compares poorly to Cuba (4%), Botswana (22%) and Rwanda (28%). This is mainly attributed to the limited range of pre-paid services. The proportion of the population with access to health as a means of pre-payment and risk pooling (health insurance) is only 1 percent. WHO's cut-off OOP to prevent catastrophic expenditure for ill health for both the rich and the poor is 20%. The Government contributes only 15% to the overall health financing whilst development partners contribute 42% and the rest is by NGOs.

What Should Uganda do to Accelerate Progress towards UHC?

Reduce the burden of preventable diseases and introduce health insurance for all through a multi-sectoral approach. This will be achieved through:

A. Adoption of a multi-sectoral approach to Universal Health Coverage (UHC)

1) Improve multi-sectoral collaboration to ensure that the main determinants of health are holistically addressed in an integrated manner. An institutionalized policy mechanism should be established under the leadership of OPM to actualize this proposal.

2) Intensify programs that promote the health of communities by taking services closer to them as opposed to the health facility model of health service delivery.

B. Improvement of the health coverage (range of services provided and the population covered):

1) Re-focus on functionalizing the existing health facilities. In the short to medium-term, the public health sector should:

(i) Focus on ensuring functionality of existing facilities by providing at least 75 percent of appropriate medical equipment to at least 10 percent of the existing public health facilities annually, instead of increasing health infrastructure development;

(ii) Avail all health facilities with required essential medicines and medical supplies to reduce untimely drug stock-outs to at least 10 percent; and

(iii) Ensure that the existing facilities have constant energy supply, adequate sanitation facilities, and road access.

2) Address the critical human resource gaps by:

(i) Attracting and retaining health workers (including super-specialists) through continuous improvement of pay, working environments, housing and other motivational aspects;

(ii) Designing and implementing local training programmes for human resources, with a particular focus on specialized medical and specialised supportive cadres where the critical gaps are.

3) Increase public investment in prevention and treatment of NCDs by:

(i) Expanding the range of NCD services within the UNMHCP, including updating the list of essential medicines and medical supplies, and diagnostic equipment.

(ii) Expanding the geographical coverage of NCD service delivery from centralized service points in Kampala to regional referral, General hospitals and HC IVs across the country.

(iii) Developing the Uganda Cancer Institute and Uganda Heart Institute into centres of excellence in cancer and cardiovascular services. This will entail renovation, equipping and staffing of existing facilities as well as continous training of health workers.

C. Increasing protection against financial risk for ill health

1) Increase the per capita public health expenditure on health from 13.5 percent to at least 25percent. This should also cater for the financing of all key determinants of health using a program-based approach.

2) Progressive shift from input-based health financing to results based financing.

3) Reforms in health development partner financing to reduce off-budget financing and increase budget support financing.

4) Implementing a compulsory National Health Insurance Scheme (NHIS) to pool health-financing resources for income and health risk cross-subsidisation. This will necessitate fast tracking the enactment of the National Health Insurance law to facilitate the implementation of health insurance schemes.

Conclusion

The realization of UHC in Uganda will be a process, just like it is in other countries. Adopting a multi-sectoral approach to UHC will enable Uganda to holistically implement actions that lead to good health and well-being for all. A costed 10-year multi-sectoral roadmap, which clearly spells out the contribution of each sector and the expected results towards UHC is critical to guide the subsequent planning and budget processes. There is great need to rally the entire Ugandan population to the UHC agenda. The role of development partners in supporting the delivery of the wider scope of health services and determinants of health remains valuable.

References & Useful links

1. World Health Organization and World Bank. (2017). Tracking Universal Health Coverage: 2017 Global Monitoring Report.

2. Ministry of Health (2016). Annual Pharmaceutical Sector Performance Report, 2014-2015

3. Ministry Of Health (2013). National Health Accounts and Ministry Of Health (2016). National Health Accounts.

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