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Why Mulago Women's Hospital will do very little to address Maternal and Child mortality in Uganda.

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Services	Mulago Hospital	Kibuli Hospital	Kampala Hospital	Nsambya Hospital	International Hospital Kampala	Nakasero Hospital
Normal Delivery	800,000	700,000	820,000	1,200,000	1,200,000	1,550,000
Caesarean section	2,000,000	1,600,000	1,635,000	2,100,000	2,500,000	2,850,000

In 2009, Mulago National Referral Hospital was heavily congested. However, the situation was worse in the women's section of delivery and various women related diseases; they occupied all the beds, the floor and the corridors.[1] Neither was it any better in the children's section, with 3-4 children occupying a bed. [2] The congestion has also been exacerbated by the high population growth rate of 3.3% and the high fertility rate of 6.2%.[3]This is witnessed in the increased number of deliveries from 20,000 in 2000 to 33,000 in 2011. [4]

In FY 2013/14, antenatal attendance was 48,616; deliveries were 34,411 with a cesarean section rate of 23.5%.[5]In FY 2015/2016, antenatal attendance had risen to 60,902, deliveries were 35,071, with a cesarean section rate of 26.8%.[6]Also important to note is that the Infant Mortality Rate stands at 46 per 1,000 live births and under five Mortality Rate at 64 per 1,000 live births.[7] On the other hand, Maternal Mortality

FY			
2013/14	48,616	34,411	23.5%
2015/16	60,902	35,071	26.8%

1 Statement to Parliament on Operationalization of Mulago Specialized Women and Neonatal Hospital
2 Ibid
3 Uganda Demographic and Health Survey, 2016; accessed at https://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda_DHS_2016_KIR.pdf
4 Statement to Parliament on Operationalization of Mulago Specialized Women and Neonatal Hospital
5 Ibid
6 Ibid
7 Annual Health Sector Performance Report 2016/2017 at page 4; accessed at http://health.go.ug/content/annual-health-sector-performance-report-201617

Rate is at 336 per 100,000 live births[8]- a figure that is still well below the global rate of 216 per 100,000 live births.

Due to the huge numbers being inadequately supported by an already worn out infrastructure, the government of Uganda developed a plan to address the congestion.It is upon this background that in July 31, 2012, parliament considered and approved the government request to borrow $30.28M from multiple funders to finance the construction and equipping of a 450 bed capacity women's hospital in Mulago National Referral Hospital to particularly handle maternal and neonatal healthcare.[9] The terms and conditions of the loan are shown below;

Table 1: Showing Loan Terms and Conditions for the Construction and Equipping of a Specialized Maternal and Neonatal Health Care Unit at Mulago National Referral Hospital.

Lending institution	Loan amount	Loan maturity and grace period	Service charge per annum
Islamic Bank for Development (IDB)	USD 19.77m	25 years including 7 years of grace	Not exceeding 2.5% p.a of the loan amount
Islamic Solidarity Fund for Development (ISFD)	USD 2.20m	30 years including 10 years of grace	Service charge of 0.75% p.a of the loan amount
IDB Installment Sale Financing (Loan amount is; maturity period is.	USD 8.31m	12 years including 3 years of grace	

Source: Report of the Parliament Committee of National Economy on the request by Government to borrow USD 30.28 Million from the Islamic Development Bank for financing the construction of a specialized Maternal and Neonatal Healthcare unit at Mulago National Referral hospital (June 2012).

In addition to the funding shown in table 1 above, the government of Uganda was also required to provide counterpart funding of USD3.42m.[10] The prospect of the loan was overwhelmingly welcomed by either side

8 Ibid at page 5
9 Parliament of the Republic of Uganda Hansard July 26, 2012.
10 Ibid

of the house. ***What wasn't indicated was that accessing the hospital will have to be paid for; the running point being that this was a plan to mitigate and fight maternal mortality in the country. However, in an update to parliament, the minister for health informed the members of an elaborate pay policy for services at the hospital.*** The prices are comparable to the regular private hospitals that serve the middle class in the country, yet the loans repayment will be met by all Ugandan tax payers.

Table 2. Prices of delivery services at select Private Hospitals in Uganda.

Services	Kampala Hospital	Nakasero Hospital	International Hospital Kampala	Kibuli Hospital	Nsambya Hospital
Normal delivery	820,000	1,550,000	1,200,000	700,000	1,200,000
Caesarean section	1,635,000	2,850,000	2,500,000	1,600,000	2,100,000

These prices are substantially no different from what Mulago specialized women and neonatal hospital is charging for delivery considering that most private hospitals' packages consolidate many attendant services at those rates.

Table 3: Costing of basic services at the Mulago specialized women and neonatal hospital.

	Service	Sum payable (UGX)
Consultation	Consultation fee per visit	50,000
	Antenatal Package-(Max 8 Visits)-(includes 490,000) baseline lab tests, 1 3D/4D & 2 Ordinary ultra sounds, essential drugs for antenatal, immunisation)	890,000
	Neonatal follow-up per visit/ immunisation	70,000
Inpatients	Accommodation per day	80,000
	Nurses/Doctors care	100,000
Maternal Fetal Medicine	SVD (Normal Delivery)	800,000
	Caesarean Section (Tubal ligation Additional shs.200,000)	2,000,000

Source: Statement to Parliament on Operationalization of Mulago Specialized Women and Neonatal Hospital.

The table above represents a section of the costing policy of the hospital; particularly highlighting the cost of the most basic services. Bearing in mind that; (a) the cost a sick person incurs in seeking healthcare impacts greatly on the choice of healthcare package that one can get which affects the quality of life, [11]and (b) only 5 per cent of the population 15 years and over are covered by health insurance,[12] and (c) the issue of cost ranked top at 39 percent of the major concerns that communities face in accessing healthcare at private facilities,[13]the question that remains unanswered is whether majority of Ugandans will be able to afford the cost of services as the country moves towards attainment of Universal Health Coverage.

11 Uganda National Household survey 2016/2017, Page 66. Accessed at https://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/UNHS_VI_2017_Version_I_%2027th_September_2017.pdf
12 Ibid at page 67-
13 Ibid, page 69

Cost of services at Mulago Specialized Women and Neonatal Hospital vis- a- vis income levels of the population.

Currently, 68.9% of Ugandan households are engaged in the subsistence economy.[14] 43% of these households are engaged in subsistence agriculture[15] – largely living on hand to mouth. It should also further be noted that at least 70% of the population earn their income from agriculture[16], however, the sector growth has been low, growing at an average annual growth rate of less than 2 % over the last 25 years compared to population growth of 3% annually.[17] This has worsened inequality especially in rural areas with poverty raising from 22.8% in 2013 to 25.8% in 2017 and in urban areas from 9.3% to 9.4% over the same period.[18]

70%

of the population earn their income from

Agriculture

which has a

2%

average annual growth rate of the sector for the last 25 years compared to the

3%

of **Population**

growth annually.

With the unstable agricultural production whose success is highly premised on climatic conditions, coupled with the fluctuating prices of agricultural produce, affordability becomes a challenge. For example, going by the current price of maize of UGX 200 per kilogram, a farmer will need to sell 250kgs of maize to afford consultation fees of UGX. 50,000. This, is without mentioning the exorbitant transport fares that will be faced by patients from far upcountry areas such as Kisoro, Arua, Kabong, Amudat and Kanungu.

A look at the average nominal monthly cash income derived from all sources reveals that urban areas stand at Ushs. 703,000 – twice more than that of the rural areas which is at Ushs. 303,000; with the national average being at Ushs. 416,000.[19] The table 4 below is an extracted illustration of the disparity in average monthly income across the country by selected background, characteristics and year.[20]

14 Budget Speech FY2018/19, page 3
15 Ibid
16 Agriculture Sector Budget Framework Paper FY2018/19 – FY2022/23 http://budget.go.ug/budget/sites/default/files/Sector%20Budget%20Docs/01%20Agriculture.pdf
17 Budget Speech FY2018/19, page 4
18 Budget Speech FY2018/19, page 3
19 Supra (n11) at page 106
20 Ibid; See also pages 16 and 17 for key on the scope of the different sampled regions.

Table 4. Average Nominal Income

Characteristic	2012/2013	2016/2017
Residence		
Rural	242,024	303,000
Urban	669,514	703,000
Sub-Region		
Kampala	918,511	938,000
Central 1	545,613	569,000
Central 2	433,288	463,000
Busoga	194,927	222,000
Bukedi	137,107	141,000
Elgon	206,000	260,000
Teso	232,588	357,000
Karamoja	151,453	220,000
Lango	359,324	370,000
Acholi	154,668	168,000
West Nile	223,575	294,000
Bunyoro	347,072	468,000
Tooro	327,853	436,000
Ankole	421,522	489,000
Kigezi	343,196	476,000
PRDP Districts		
Sporadically affected	281,342	337,000
Severely affected	170,627	203,000
Spillovers	192,363	248,000
Rest of the Country	440,225	495,000
Mountainous Areas		
Mountainous	258,127	332,000
Non-Mountainous	370,541	422,000
Uganda		**416,000**

**PRDP represents the Peace and Recovery Development Plan Districts*

From the above, it can be observed that even at the rate of Ushs. 703,000 per month as it is in the urban areas, one cannot afford payment for say a normal delivery which is at Ushs. 800,000, let alone a caesarean section at Ushs. 2,000,000. The rural person's fate becomes even more dire at this rate. Such trends spell the inevitable eventuality – widening of the inequality gap in society.

The cost policy of the hospital goes a long way to counter the reasons for the establishment of the facility. It surely cannot hold true that there will be a decongestion of Mulago National Specialized Hospital or that more women with complicated reproductive health problems will be treated when the majority's financial circumstances cannot permit such an expense. If any of the intentions for the establishment of the hospital is to be met, that would probably be with regard to the reduction of referrals abroad for specialized reproductive and neonatal treatment; an end that will only serve the minority affluent section of the population.

It might be argued that the facility will have in place a waiver system for patients unable to pay for the services. However, in light of the above considered income landscape, the majority of Ugandans would ideally qualify for this waiver and as such rendered redundant. It has also been stated by the government that a committee will be set up to assess the eligibility of the patients seeking a waiver. This too poses a challenge considering that access to the hospital is upon referral; the practice being that patients are often referred when their condition is critical and therefore needs urgent attention. Will service then be put on hold pending the committee's verdict on eligibility in times of emergency? If not, we are likely to experience cases of patients being detained at the hospital for failure to pay for services.

That the system of operation of the hospital needs rethinking is therefore undoubtable. It is conclusively clear that in as much as the new infrastructural and specialized service development is laudable,

measures to subsidize costs to ensure affordability for majority of Ugandans should be undertaken by Government if meaningful reach of these health services is to be realized. It is only through implementation of policies that serve the majority that Uganda will achieve Universal Health Coverage.