



INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

PRESS STATEMENT FOR IMMEDIATE RELEASE

Private Sector Involvement in Health Hurts the Poor: Civil Society tells Government

3 April 2019, Kampala, Uganda,

Public Private Partnerships (PPPs), particularly private for profit are unlikely to deliver better health outcomes for poor people, and exacerbate inequalities, resulting in the rich being able to access better healthcare and the poor excluded. An NGO, the Initiative for Social and Economic Rights (ISER) in its latest report ["Achieving Equity in Health: Are Public Private Partnerships the Solution?"](#) launched today 3 April 2019 at Hotel Africana in Kampala raises questions about whether PPPs in Health achieve equity in health and Universal Health Care (UHC).

Engagement of Private actors in the delivery of social services like health that are traditionally the primary role of Government is fast becoming popular with PPPs in health being a prime example of such developments. Public Private Partnerships in health have been fronted as a way to go if Uganda is to realise not only its national development goals, but also the Sustainable Development Goals; particularly Sustainable Development Goal 3 on ensuring healthy lives and promoting well-being for all and its attendant target 3.8 on Universal Health Coverage.

Amidst systematic underfinancing of the public health sector, and the burgeoning role of the private sector in health, ISER's latest report examines the numerous national health, finance, and development policies that seek to provide a framework for PPPs in health, and questions whether these policies provide a suitable structure to safeguard the human rights of Uganda's most vulnerable populations.

ISER's executive director, Salima Namusobya noted: "Equally worrying is the fact that in a country where the public healthcare sector is under financed, the Government is opting to invest public funds to finance private sector involvement in health service delivery. This has translated into Government abdicating its primary duty to provide healthcare services especially to the most vulnerable and rural hard to reach areas."

The research found that the pro-private environment that's been encouraged by the Government has heralded an increase in private actors in health. As of 2017, 48% of facilities (3,084) were Government owned, 15% (947) are Private Not For Profit (PNFP) and 37% are Private For Profit (PFP) compared to 2013 where of the 4,478 health facilities, 65% were public, 20% were PNFP and 14% were Private For Profit (PFP). PPPs in Health in Uganda have been traditionally Private Not For Profit, often faith based, partnering with the government to deliver health services.



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Currently, the for profit sector fills in gaps in the public system serving the relative minority of Ugandans who can afford to pay at competitive prices, almost entirely centered around urban Kampala. But what happens to the majority? Private for Profit PPPs are emerging—most recently exemplified with the FINASI/ROKO Construction SPV Ltd. and the government of Uganda to build and manage a specialized healthcare facility in Lubowa.

ISER is concerned that this increase has however not been matched by a robust legal and policy framework; with the existent piecemeal legislation comprising of the Public Private Partnerships Act, 2015 (PPP Act), the PPP Framework Policy 2010 and the National Public Private Partnership in Health Policy 2012. The mismatch has had the implementation of PPPs in Health happen under an incomplete legal regime; thereby often presenting challenges of procedural impropriety as well as lack of social and human rights impact assessments.

The promise of quality services by private actors has also not been met primarily because, in a bid to cut costs, unqualified staff have been hired. Further still, in the conceptualization and execution of PPP projects, there's been limited transparency, lack of access to information, as well as public participation; a prime example being the International Specialised Hospital of Uganda at Lubowa.

Ms. Allana Kembabazi, ISER's right to health Program Manager called on the government and donors to prioritise the public health sector. "To achieve universal health coverage, investing in a quality and equitable public health system should be prioritized—both by the government and donors. The public health system is often the first point of call for the poor and vulnerable."

Hon. Sarah .A. Opendi, the Minister of State for Health, General Duties, in her remarks prior to launching the report noted that indeed private actors are partners in the delivery of health services, but acknowledged the fact that most of them are concentrated in urban areas and as such, there's a need to look into expanding their reach to rural and hard to reach areas. She also stated that effort will be made to revise the PPP in Health Policy in order for it to be in line with the PPP Act as well as to be cognizant of the protection of human rights.

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Report: Initiative for Social and Economic Rights (ISER) (2019) Achieving Equity in Health: Are Public Private Partnerships the Solution? https://iser-uganda.org/images/downloads/achieving_equity_in_health.pdf