



ISER

Facilitating Social Justice

INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

PROFITEERING OFF A PANDEMIC PRIVATE SECTOR AND HEALTH SERVICES IN UGANDA DURING COVID 19



JUNE 2021

Uganda is undergoing its second wave of COVID 19. The involvement with private health care providers in Covid response creates veritable human rights concerns surrounding exclusion and discrimination especially for the poor and most vulnerable. A culmination of an underfinanced public health sector due to liberalization reforms and a weakly regulated private sector have enabled an environment where patients and families are repeatedly exploited to line private profit.

Covid 19 has become a cash bonanza for the private sector. Private facilities are charging exorbitant fees to test and treat COVID 19. Testing costs between 100,000Ush for a rapid test to 300,000Ush for a PCR test. ISER's research has found the minimum deposit for a number of facilities is 5 million shillings with sources indicating that private health facilities in Kampala charge between Shs 5 million and Shs 10 million for treating a critically ill Covid - 19 patient; with some requiring a deposit of the said sum before admitting the patient in either High Dependency Unit (HDU) or Intensive Care Unit (ICU) and then further charging for medications and treatment administered. Reports indicate people have paid 16.5 million for two days in hospital, 78 million for 3 days and up to 200 million. Yet even insurance companies like UAP that cover COVID 19 will only cover hospitalization of up to 5 million resulting in high out of pocket costs for patients and families dealing with COVID 19. The costs are so exorbitant that the National Social Security Fund has allowed patients in ICU to access their savings, something they did not do during last year's lockdown when masses begged. This cost excludes access to healthcare, raising questions on who can afford this.

21.4% of Ugandans live below the poverty line and the lockdown measures enacted to curb the pandemic further decimated incomes. 8.3 million Ugandans live in abject poverty. The average Ugandan has less than [seven hundred thousand shillings](#) in their bank account and some none at all.

Aside from price gorging, some private providers are endangering the health of the patients they treat. In a bid to maximize profit, private facilities hold on to patients rather than referring them for better management when the patient condition worsens so as to maximize revenue resulting in unnecessary deaths. Private hospitals are confiscating bodies of people that have passed on from COVID 19 due to non payment of bills. There are reports of private players issuing fake results which further endangers our fight against COVID 19. Pharmacies are advertising COVID 19 treatments resulting in people rushing to buy and administer without prescription by doctors which can actually worsen the body's fight against COVID 19, pose other health challenges and result in antibiotic resistance in the future.

A systematically underfinanced public health sector, privatization and commercialization of healthcare and a weakly regulated private sector brought the country to this tipping point. While COVID 19 is a new phenomenon, the private sector's exploitation of a crisis is not. Uganda's current crisis should serve as a cautionary tale on privatization and commercialization of healthcare and its corrosive effects on access to healthcare.

Ugandans are a medical bill away from poverty and death. Time is of the essence. The Government must act. It can not abdicate its stewardship role to the private sector. Health is a right and not a commodity. We can not achieve equitable access to health care, which is so urgently needed to curb this Covid 19 pandemic, if we continue to leave health to be traded as a good in the marketplace, subject to forces of demand and supply.

RECOMMENDATIONS

1. **Increase funding to the public health sector to build its resilience and enhance its capacity through an adequate health workforce, PPEs, oxygen and other health infrastructure.**
2. **Maintain strong government stewardship in all responses aimed at countering the pandemic.**
3. **No delegation of Covid 19 vaccination role to private for profit entities.**
4. **The government should maintain the responsibility of treatment, contact tracing and vaccination to avoid fragmentation of services and undermining of the response.**
5. **Accreditation of private facilities should only be limited to testing; ensuring that services are affordable and uniform as set by the Government.**
6. **There should be guidance on cost ranges for treatment and there should be penalties for non-compliance**
7. **In the longer term Government needs to have a comprehensive policy on regulation of the private sector**
8. **Ministry of Health and the National Medical and Dental Practitioners Council needs to step up its regulatory role. There should be no room for self regulation by the private sector.**
9. **Government funds should not go to commercial health care providers.**
10. **Strengthen access to information, transparency and accountability in Covid – 19 related procurement and user entities to curb mismanagement and promote effective utilization of resources.**
11. **If necessary, Government should consider temporarily nationalising ICUs and HDUs to ensure affordable treatment of critically ill covid19 patients.**

INTERNATIONAL FINANCE INSTITUTIONS

1. **Support public health systems**
2. **Refrain from promoting public private partnerships and other forms of commercialization and privatization of healthcare.**
3. **Ensure strengthened accountability for money by providing information to community representatives and engage them in monitoring.**

HOW DID WE GET HERE?

1. WEAK UNDERFINANCED HEALTH SYSTEMS

Covid 19 found a weak public health system, decimated by decades of austerity policies and liberalization of health services. While the country initially boasted of strong public health systems, over the years, the country's public healthcare system suffered chronic underfunding. ISER's analysis of the health budget over years, entitled [“Are We Failing to Progressively Realise the Right to Health in Uganda?”](#) found the inadequacy of budget allocations over years averaging between 7-9% and meant the public health system was characterized by persistent drug stock outs, inadequate health workers and facilities, lack of a functional ambulance system, and blood shortages etc. This dire country health situation was exacerbated by Covid – 19. Indeed, as the country entered stage 4 of the pandemic, in an interview with the Commissioner of Clinical Services at the Ministry of Health, Dr. Jackson Amone, it was revealed that the pandemic had caused a strain on the existing public healthcare infrastructure. Space was limited, health workers inadequate and the available ones were working over and above at no extra pay. This is more pronounced for those in [marginalized areas](#) and [island communities](#).

Even in the middle of a pandemic, government attempted to cut the health sector 2021/22 budget. ISER's research found that at the passing of this budget, unfunded priorities include the basics like maintenance of oxygen plants, rehabilitation of general hospitals, national ambulance service, upgrade of Mulago, Kiruddu and Entebbe Hospital, the Uganda Heart Institute.

2. LIBERALISATION OF THE HEALTH SECTOR AND AGGRESSIVE PROMOTION OF PUBLIC PRIVATE PARTNERSHIPS IN HEALTH.

Amidst the declining financing of the public health sector, the government urged by international Finance Institutions like the World Bank have promoted the liberalization of and privatization of healthcare and public private partnerships (PPPs) in health. The World Bank has promoted and financed the development of Public Private Partnership in Health (PPPH). This dogmatic promotion of private sector in health has persisted despite research showing [PPPs in Health in Uganda will not achieve equity in health](#) and in fact [fail to reach the poorest](#). The latest iteration of this is the 379.71 million USD Lubowa PPP Hospital approved for construction and guaranteed by the Government of Uganda which will charge high prices and primarily serve for medical tourism. Despite [litigation](#) to halt it, and in the midst of a pandemic, this health PPP was listed as a top priority in the Budget and National Development Plan III. The government plans to support the for private health providers through a Medical Credit Fund. According to the National Development Plan III Human Capital Development Program Implementation Plan, government will budget 2.88 billion UGX to support the Medical Credit Fund for the for profit private sector in health. This, as the country grappled with a weak public health system including districts that lacked district hospitals and unequipped health facilities.

Other manifestations of commercialization of healthcare is the enactment of paying wings at public health facilities like Mulago, the national referral hospital. These enable those who pay to be treated quicker in public health facilities at the benefit of the poor. Justified as a way to finance the hospitals, they, in effect, promote inequity in access to healthcare for those who can not pay and

further justify the government's inadequate financing of public health systems under the pretext of cost sharing. A case in point is the Ugandan Cancer Institute whose private wing charges 80,000US\$ for a consultation and nursing care. Those in private will see the doctor that day. Those in the public wing struggle to obtain timely access to a doctor.

3. LACK OF REGULATION OF HEALTHCARE

The private sector in health in Uganda is not regulated. The legislation in place is weak and uncoordinated. Uganda has a Public Private Partnership Act but it does not explicitly address private sector in health and also predominantly focuses on promoting public private partnerships. The Public Private Partnership in Health Policy similarly predominantly focuses on promoting public private partnerships rather than regulate. The National Health Policy is pretty silent on regulation. The Ministry of Health abdicated its role leaving it either to the professional councils like the Dental and Medical Practitioners Council and the Nurses Council or to the private sector to self regulate. Self regulation has not worked.

UGANDA'S COVID 19 RESPONSE TO HEALTHCARE AND TREATMENT

1. COVID 19 RESPONSE INITIALLY FOCUSED ON PUBLIC

Uganda's response to the novel Covid – 19 pandemic was initially led and coordinated by the government. Response measures undertaken by the government have spanned from formulation of guidelines, policies, multi-sectoral coordination to resource mobilization and vaccination. At the onset of the pandemic, testing and treatment of Covid – 19 suspected cases and patients was initially centralized to the Uganda Virus Research Institute (UVRI) and government hospitals respectively.

Initially, under no circumstances were private facilities allowed to carry out testing or treatment of Covid – 19 cases unless accredited. The Ministry of Health made efforts to engage the private health care facilities so as to increase their level of alertness on early case identification, sampling, notification, isolation and clear referral pathways. Patients suspected of Covid – 19 in any health facility were to be sampled, isolated and care continued until a confirmation for Covid – 19 was made. If confirmed positive, the patient was then referred to the designated treatment centres which include Mulago National referral hospital, China – Uganda Friendship Hospital, Naguru, and Entebbe Grade B Hospital. Therefore, all health facilities were advised to create holding rooms for suspected cases who may be identified in their hospitals, where such patients can be admitted and offered treatment as they await laboratory analysis of their samples.

Private health facilities were, however, allowed to continue to provide general health services as part of the categorized 'essential services' providers for as long as they followed the set Standard Operating Procedures (SOPs). Medical equipment like masks and other forms of Personal Protective Equipment (PPE) have also been produced by the private sector with government support. The government has provided tax breaks to those importing medical equipment to enhance the national Covid 19 mitigation strategies among other efforts.

Uganda initially was ranked as the best in Africa in mitigating COVID 19 and often boasted that all who got COVID 19 were able to be treated and recovered.

2. PRIVATE SECTOR INVOLVEMENT IN UGANDA COVID 19 RESPONSE

Private healthcare providers [repeatedly requested](#) the government [to allow](#) them to test, treat Covid – 19 and later on [vaccinate](#) arguing that they would complement the government’s response. The Ministry of Health [accordingly accredited](#) some of them to test and treat Covid 19 and [allowed them](#) to undertake Covid 19 Vaccination.

KEY FINDINGS

1. EXORBITANT COSTS FOR TREATING COVID 19

Some private providers when making the case to be allowed to treat considered it a money making venture from which they should also benefit.

Sources indicate that private health facilities in Kampala charge between Shs 5 million and Shs 10 million for treating a critically ill Covid - 19 patient; with some [requiring a deposit](#) of the said sum before admitting the patient in either High Dependency Unit (HDU) or Intensive Care Unit (ICU). By insisting on deposits before treatment, these facilities depriving patients of emergency care. Moreover, this cost does not include consumables like oxygen or medication. There is also a separate Covid 19 handling fee. Caretakers have reported paying up to 100 million Ush.

This further drives up out of pocket costs for health. 41% was spent on high out of pocket costs for healthcare even before the pandemic. It raises questions about how many can afford this. 21.4% of Ugandans live below the poverty line and the lockdown measures enacted to curb the pandemic further decimated incomes. 8.3 million Ugandans live in abject poverty. The average Ugandan has less than [seven hundred thousand shillings](#) in their bank account and some none at all.

While the high cost of treatment in private health facilities has always excluded the poor, even the middle and upper middle class are affected. Less than 1% of Ugandans have health insurance. However, even for those with private health insurance, the insurance limit for companies like UAP is 5 million Ush. This would only cover the initial deposit fee at some facilities, excluding the cost of treatment and would fail to meet facilities who require a 10 million initial deposit. Fundraising drives have also been held to meet these costs when patients are admitted in ICU.

The cost has been so high that the National Social Security Fund, a national saving scheme mandated by government will consider requests from [Ugandans to access their NSSF savings to pay for ICU](#) costs when treating COVID 19. The NSSF savings are supposed to be used as a pension to buffer Ugandans during old age and is usually only given to those over 60. The decision to permit Ugandans to access NSSF savings to fund COVID 19 ICU costs in private facilities is

all the more extraordinary given NSSF's reluctance to do so in the past. Despite public outcry from Ugandans to access at least 20% of NSSF savings during the height of the lock down last year when the stringent lock down measures decimated incomes, and Parliament amending the law to do so, NSSF refused and together with the Ministry of Finance convinced the President not to assent to the revised law. However, the decision to permit access to savings to pay for medical bills of treating COVID 19 was arrived at after witnessing the exorbitant prices for patients admitted to ICU.

The Ministry of Health, while [aware](#) of the exorbitant costs since last year, before this second wave has not addressed it. Amidst the second wave, where the rapidly spreading Delta variant has resulted in increasing hospitalization, the private providers have taken advantage of a desperate population and further increased costs. It is only on 18 June, following public outcry, that head of the Statehouse Anti Corruption Unit, Col. Edith Nakalema, promised to arrest those that do so. There is however need for more sustainable government intervention to curb this practice that has persisted even before Covid 19.

Private providers have sometimes tasked their health workers to admit patients who are not in critical condition as a bid to drive up costs, which also further clogs up necessary hospital beds in the middle of a pandemic. Unconfirmed reports indicate that other facilities allow reservation of private beds at a fee of 5 million per bed for those that can afford to pre book to ensure they have beds should they fall. This clogs up hospital beds for those that may need them as the numbers of those infected with Covid 19 escalate.

2. DETAINING PATIENTS THAT CAN NOT PAY

While private facilities have frequently detained patients who can't clear their medical bills, even before Covid 19, it is more pronounced for those seeking Covid 19 treatment since the costs are exorbitant and variable. Even when patients die from Covid 19 in their care, private facilities request for exorbitant fees before releasing the body of someone who has passed away from Covid 19, causing emotional distress to relatives that are already grieving and raising grave public health concerns. Despite [litigation initiated against the Ministry](#) of Health on patient detention in health facilities, no pronouncements on this have been made.

3. ACCESS TO OXYGEN

Oxygen is increasingly recognized as the most important intervention for critically ill covid 19 patients. In the middle of Uganda's oxygen crisis, some private providers have made [access to oxygen](#) a cash bonanza. As ISER's latest [report](#) on Uganda's oxygen crisis reveals, the price for oxygen in private facilities has been the driving force for catastrophic out of pocket health expenditure during this pandemic. The price of oxygen cylinders has tripled with some filled cylinders sold at 3 million USH. Other facilities charge Shs200,000 a day just for oxygen supply when a patient is admitted yet they get it for Shs25000 and the Minister of Health indicated private providers procure oxygen at an even lower price of Shs 13,000 per cylinder refill. After [public outcry](#) by civil society organisations, the Minister of Health noted that access to oxygen should be free but the Ministry has not taken direct action to curb the extortion.

The exorbitant costs of oxygen in private facilities amidst the under resourced public health systems has resulted in unnecessary deaths.

4. HIGH COST OF TESTING

High testing costs in private facilities make testing inaccessible to the general public. Private facilities last year charged up to 100 USD for the covid 19 test. This year, they charge up to 280,000USD close to USD 100 for the swab. Other laboratories have been providing false results, resulting in the Ministry of Health [cautioning](#) the population to double check results. Health workers posting anonymously on social media reveal being urged to give fake positive results to enable the facility to profit from treatment.

5. SELLING FREE COVID VACCINATION

Despite [repeated warnings](#) from civil society like ISER against outsourcing covid vaccination to the private sector given the meagre doses supplied, the Ministry of Health [allowed](#) private providers and Kampala City Council Authority outsourced covid vaccination to the private sector, resulting in vaccines that should have been distributed for free being sold, while priority groups including health workers, older persons struggled to receive vaccines. Uganda initially received 964,000 doses of the AstraZeneca vaccine which would cater to priority groups that amounted to 4.8 million people.

6. REFUSAL TO PROVIDE DATA.

Critical data on private sector resource and capacity is not held by government. This stems from the inability/failure of private facilities to share data with government, which has been a challenge over the years. This came to stark focus with the pandemic. The Ministry of Health had no data on the number of health workers in private facilities which impeded their planning for vaccination for all health workers. Private facilities do not always disclose patients that present at their facilities with Covid 19 symptoms. At the start of the pandemic, some refused to test patients who presented with COVID 19 symptoms because of stigma this would cause for the facility. This has resulted in significant under reporting of cases and deaths as recent developments in Uganda show and the Ministry of Health admitted. While there have been attempts by the private sector to rapidly collect data when the Covid 19 pandemic broke out, it is not independently verified. In India, the Ministry of Health under emergency legislation was given powers to seize private sector assets in case facilities fail to notify patient cases.

7. REFUSAL TO PROVIDE PROTECTIVE GEAR TO THEIR HEALTH WORKERS

A number of health workers have reported being told to fend for themselves with regard to protective gear resulting in some wearing cloth masks that were either distributed to the populace by the government or bought. Cloth masks are not sufficient protection for health workers who see a lot of patients and risk exposure.

8. PRIVATE FACILITIES STIGMATIZING PATIENTS THAT PRESENT WITH COVID 19 SYMPTOMS.

Private health facilities sent away patients that present with symptoms associated with Covid 19, rather than refer them according to the Ministry of Health's protocol due to the stigma associated with Covid 19. This creates a danger of low reporting of Covid – 19 infection and ultimately defeats the efforts to contain spread of the pandemic.

9. UNACCREDITED HEALTH FACILITIES TREATING COVID 19 PATIENTS

The Ministry of Health put in place stringent accreditation guidelines for private facilities treating COVID 19 patients. These included; availability of isolation units, bed capacity, a high dependency unit with patient monitors, an intensive care facility with at least four beds, laboratory facilities, an X-ray, trained staff for treating only Covid – 19 patients, accommodation facilities and adequate protective gear. This stemmed from the need to ensure that facilities have the capability to handle covid 19 patients and protect non covid 19 patients from infection. However, private facilities that are not accredited are also treating COVID 19 patients and prescribing all kinds of medication, prompting the Ministry of Health to warn the public about over medicating.

10. FALSE ADVERTISEMENTS

A number of individuals claim to have discovered the cure for Covid 19. A number of pharmacies list Covid 19 treatment regimens which could pose dangers if not prescribed by a doctor and further delay patients from seeking treatment until it is too late.

LESSONS FROM OTHER COUNTRIES

Examples from other countries reveal the danger of involving a weakly regulated private sector in the Covid 19 response.



PAKISTAN. The private sector has charged market prices for Covid – 19 related treatment resulting in inequity of access, depriving those from lower income strata.

In other countries like India, South Africa, the private sector facilities treating Covid - 19 have capped prices.



KENYA. testing costs by private laboratories range between \$40-130 .The cost of testing for COVID19 in private facilities has been cited as a major barrier to access.



INDIA. It is heavily reliant on the private sector – with a failing public option – has faced major challenges in access to COVID related services due to prohibitive costs and a poorly regulated private health sector. Private health facilities are over charging and insurance companies have also in turn refused to cover expenses which are usually beyond the

stipulated rate cap; thereby leaving patients to incur extra costs to access services. The crisis in May that resulted in oxygen shortage and unnecessary deaths serves as a cautionary tale of what could happen with weak public health systems and an unregulated private sector.



UNITED KINGDOM. While healthcare is fully funded and delivered by the government largely through the National Health Services (NHS), private actors have been outsourced to facilitate the Covid 19 response, especially in the supply and management of PPE as well as building the testing capacity. Private firms contracted include DHL, Unipart and Movianto contracted to procure, manage logistics of and store PPE (personal protective equipment); Deloitte to manage the logistics of national drive-in testing centres and super-labs; Serco to run the contact tracing programme; Palantir and Faculty A.I. to build the Covid-19 data store and Capita to onboard returning health workers in England. With the engagement of the private sector, instances of delivery of substandard testing kits have been reported, delays and loss of test results, as well as inadequately trained contact tracers. Contracted private firms such as Serco have made [enormous profit](#) from the test and trace program. The over reliance on the private sector –with minimal oversight - in the UK, at the expense of an under resourced public healthcare system, has been seen to not only weaken but also unnecessarily fragment NHS services and local councils' public health departments – thereby hampering the country's response.



ITALY. At the height of the pandemic, Italy, particularly Lombardy was a stark reminder of the ravage Covid 19 can do on a country. With thousands dying, the poor health response was the result of commercialization of healthcare. As [documented](#), Lombardy's marketisation of healthcare resulted in the country struggling to get sufficient beds as private providers accounted for 30% of acute beds and despite an accreditamento agreement with the government felt they were under no obligation to turn over beds that were urgently needed. Contracts had to be renegotiated with each private provider yet time was of the essence since beds were urgently needed at the peak of the crisis.

WHAT SHOULD BE DONE?

1. FINANCE THE PUBIC HEALTH SECTOR

Private providers have asked government to provide financial support to them. However, reports including from health workers at these facilities have revealed that the prices for testing and treatment, oxygen access are not driven by cost but by profit maximization, at the hand of desperate people. The Minister for Health recently noted that oxygen costs less than 13,000Ush for cylinder refill and questioned why facilities were charging 200,000Ush per day or 3 million per filled oxygen cylinder.

In Uganda, which already has a weak regulatory framework, as discussed earlier, government investing money in the private sector would not address these challenges. Uganda has supported Public Private Partnerships in Health and has invested money with the idea these facilities or interventions would reach the poor. However, ISER [research](#) found they did not function like this

in practice and did not reach the poor. Some of the facilities that receive grants under a public private partnership still detain patients for failure to pay.

Financial support by the government ought to better be channeled to revamp the public health sector, which urgently needs it. As the stage of the pandemic advances in the country, resources are increasingly constrained and government should dedicate maximum available resources to beefing up the public health sector. This includes increasing bed capacity, ventilators, constructing temporary shelters as has been done in other countries. The government should be bolstering the public sector now and in the long-term. The long-term decimation of the public health sector through austerity approaches and marketization of health made the country ill prepared for the pandemic and these system failings have been brutally exposed by Covid 19. Thus, all focus should be on addressing these gaps and increasing the resilience and capacities of the public health system.

2. STRENGTHEN STEWARDSHIP AND ACCOUNTABILITY

The government must, however, strengthen investment and stewardship of the public sector. Reports of equipment missing from public facilities, corruption continue to divert urgently needed resources. While the government received substantial resources at the onset of the pandemic from government, International Finance Institutions and well wishers, ISER's research has found, there has been no public accountability for that money, raising questions about whether it was mismanaged in light of the gaps identified in the government's Covid 19 response.

3. REGULATE THE PRIVATE SECTOR IN HEALTH

A number of private providers seeking to make up for the decreased demand for health services, particularly during lock down, hope treating Covid 19 will make up for the lost income. This will undoubtedly worsen exclusion especially for the vulnerable and low income. Government can regulate pricing / attach conditions for receipt of financial support to ensure it is affordable. For example India, states like Maharashtra instituted policies that urge private hospitals to offer subsidized rates to, for example, 60% of total hospital beds, as well as [setting a rate cap](#) on Covid 19 services some states have instituted policies that urge private hospitals to offer subsidized rates to, for example, 60% of total hospital beds, as well as setting a rate cap on Covid services. In Mumbai, the director of Medical Services wrote to nearly private providers to [compulsorily render](#) their services for the prevention and treatment of COVID-19 patients for at least 15 days or face action. However, there must enforcement of these policies including charging penalties.

These are short term measures. It is imperative the government strengthens the legislative regulatory framework for the private sector. This includes passing legislation and monitoring implementation to curb abuse. There should be no room for self regulation by the private sector.

CONCLUSION

The involvement of the private sector in health service delivery in Uganda has generally been characterized by exclusion, [inequity](#), dismal regulation and diversion of funds that would have otherwise served to build a resilient public health system that serves all, especially the [most vulnerable](#). Impetuous involvement of the private health service providers in overall Covid 19 response such as testing, treatment and vaccination of Covid – 19 only furthered this.

Uganda should serve as a cautionary tale against the push for privatizing and commercializing health care at the expense of an underfinanced public health sector. Particularly in a pandemic where lives of millions are at stake, privatized and commercialized health systems will not deliver equitable access to healthcare.

RECOMMENDATIONS

GOVERNMENT

1. **Increase funding to the public health sector to build its resilience and enhance its capacity through an adequate health workforce, PPEs, and infrastructure.**
2. **Strengthen transparency and accountability in Covid – 19 related procurement and user entities to curb mismanagement and promote effective utilization of resources.**
3. **Maintain strong government stewardship in all responses aimed at countering the pandemic.**
4. **No delegation of vaccination role to private for profit entities.**
5. **The government should maintain the responsibility of treatment, contact tracing and vaccination to avoid fragmentation of services and undermining of the response.**
6. **Government funds should not go to commercial health care providers.**
7. **Accreditation of private facilities should only be limited to testing; ensuring that services are affordable and uniform as set by the Government.**
8. **There should be guidance on cost ranges for treatment and there should be penalties for non-compliance**
9. **Ministry of Health and the National Medical and Dental Practitioners Council need to step up its regulatory role. There should be no room for self regulation by the private sector.**
10. **In the longer term Government needs to have a comprehensive policy on regulation of the private sector.**
11. **If necessary, Government should consider temporarily nationalising ICUs and HDUs to ensure affordable treatment of critically ill covid19 patients.**

INTERNATIONAL FINANCE INSTITUTIONS

12. **Support public health systems**
13. **Refrain from promoting public private partnerships and other forms of commercialization and privatization of healthcare.**
14. **Ensure strengthened accountability for money by providing information to community representatives and engage them in monitoring.**



Initiative for Social and Economic Rights (ISER)

Plot 60 Valley Drive, Ministers' Village, Ntinda

P.O Box 73646, Kampala - Uganda

Email: info@iser-uganda.org Tel: +256 414 581 041

Website: www.iser-uganda.org Cell: +256 772 473 929



@ISERUganda



ISERUganda



ISER Uganda