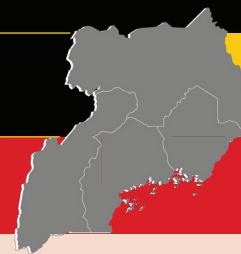


# RIGHT TO HEALTH



Uganda's 2016 Universal Periodic Review (UPR) had eleven recommendations were made on the right to health (115.59, 115.113, 115.114, 115.115, 115.116, 115.117, 115.118, 115.119, 115.120, 115.121, 115.122). These were to; combat malaria and reduce child and maternal mortality; reduce HIV; ensure well-functioning health information system; create a health insurance scheme; increase access to sexual and reproductive health services; raise the national budget to 15 percent in line with the Abuja Declaration and to develop the health system. Notable progress has been made in some recommendations like the maternal mortality ratio reduced from 436 (2015) to 336 deaths per 100,000 live births. Despite this, the chronic underfinancing of the public health sector over the years and the increasing commercialization and growth of an unregulated private sector undermine access to quality healthcare and left the country willfully unprepared for Covid 19, resulting in avoidable deaths. In light of Covid 19, access to equitable Covid 19 vaccination, increased financing and stewardship of the public health system and regulating private actors in health are urgent priorities.

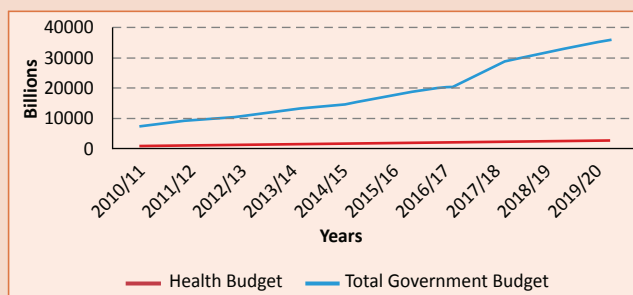
## HEALTH OUTCOMES ARE POOR

Uganda's mortality from preventable causes remains high. Malaria remains the highest leading cause of mortality yet it is totally preventable. Pregnant women and children below 5 are hit hardest. **Maternal Mortality Rate (MMR)** is still too high. UDHS (2016) indicated a decline but a MMR at 336 per 100,000 live births is still below the international target of reducing MMR to 70 deaths per 100,000 live births. Infant mortality stands at 43 deaths per 100,000 live births, majority (42%) occurring during the neonatal period. Only 4% of children who died from pneumonia received oxygen therapy (MOH, 2018).

## PUBLIC SPENDING ON HEALTH IS LOW

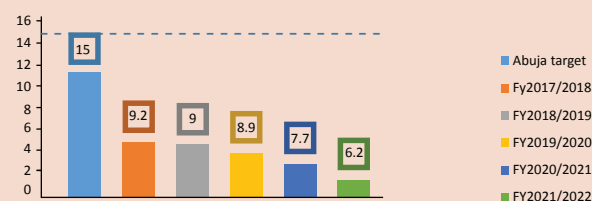
The health sector has been chronically underfinanced. During the prior UPR in 2011 and 2016, the government accepted recommendations to allocate 15% of its national budget to the health sector in line with the Abuja declaration. Despite the nominal increment in the government allocation to the health sector, the health sector budget has decreased as noted in the last 5 years, the health sector budget has hovered from 7-9%. The per capita allocation for health is UGX 62,031/- (USD 17) in 2019/20 below the WHO recommendation of USD 46 as the Total Health Expenditure per capita needed to achieve Universal Health Coverage (Ministry of Health, 2020)

## ALLOCATIONS OF THE HEALTH BUDGET VIS-A-VIS TOTAL GOVERNMENT BUDGET



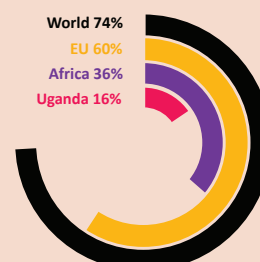
Source: Annual Health Sector Performance Report 2019/20

## Health expenditure as a percentage of total government expenditure



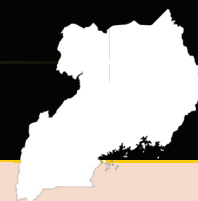
Source: Budget Framework papers

## The Fraction of Health that is Funded by Government



2018

Source: World Bank Development Indicators



Even in the middle of a health pandemic, government attempted to cut the health sector 2021/22 budget. ISER's research found that at the passing of the 2021/22 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 (ISER,2021).

**COVID 19 FOUND A WEAK SYSTEMATICALLY UNDERFINANCED PUBLIC HEALTH SYSTEM, DECIMATED BY DECADES OF AUSTERITY POLICIES AND LIBERALIZATION OF HEALTH SERVICES**

Due to the systematic underfinancing of the health sector, the public health system has been plagued by:

- Persistent drug stock outs:

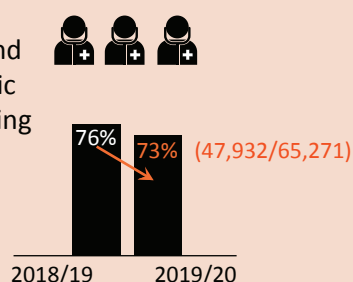
**75%** Health sector development plan **TARGET**

**52%** in 2015/16 but decline to

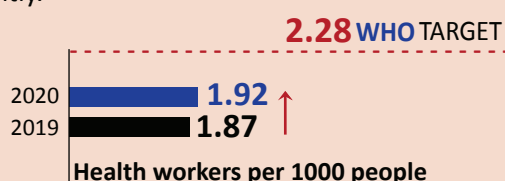
**46%** Health facilities reported no stockouts. (MOH, 2020)

83% of people found drug stockouts to be a major concern (UBOS,2021).

- Inadequate health workers and facilities. The public health sector staffing level against the approved posts.



The health worker (doctors, nurses & midwives) population ratio in the public sector improved slightly.



The 2019/20 Annual Health Sector Performance Report found the staffing levels too low to

address maternal and perinatal deaths and other sector priorities (MOH,2020).

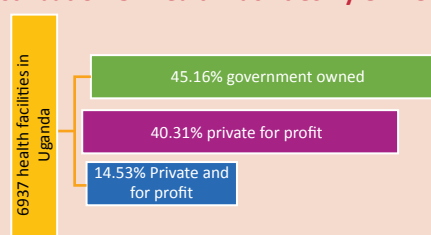
- Health workers are insufficiently remunerated and work without the basics. Doctors and nurses are currently on strike about working conditions and the lack of sufficient Personal Protective Equipment (PPE), ICU and HDU beds. As a result, patients in public health facilities are not being attended to (NBS,2021)
- Lack of a functional ambulance system: before Covid 19, Uganda only had 411 ambulances, 181 of which were government), and blood shortages etc.
- Only 36% of facilities offering services for chronic respiratory diseases had medical oxygen (MOH, 2018). Before Covid 19, Uganda had 55 ICU beds (MOH,2020).

This is more pronounced for those in marginalized areas (ISER,2019) and island communities (ISER,2018). The country's dire health situation was exacerbated by Covid – 19, which put a strain on the health system, particularly during Uganda's second wave resulting in the government scrambling to scale up capacity and preventable deaths.

**A GROWING AND UNREGULATED PRIVATE SECTOR IN HEALTH CONTINUES TO UNDERMINE QUALITY PUBLIC HEALTH SERVICES**

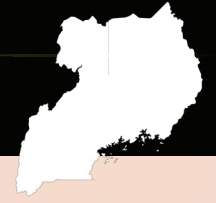
has a mixed health system. That is public- serving majority of the population and the private- serving a fraction of those who can afford to pay and in mainly urban areas.

## Distribution Of Health Facilities By Ownership



Source: Ministerial Policy Statement 2021/22

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 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.

The unregulated proliferation of private actors in health further drives up out of pocket costs for health and rights abuses like patient detention, which ultimately affects population health outcomes. People reported spending over 100 million shillings treating Covid 19 (ISER,2021). This raises questions about how many can afford this.

**20.3% of Ugandans** with almost half live on less than a dollar per day of those (41.8%)



unable to meet their food needs later on health (UBOS,2021)

The lockdown measures enacted to curb the pandemic further decimated incomes.

**8.3 Million** live in abject poverty The average Ugandan has less than **seven hundred thousand shillings** in their bank account and some none at all. Even for those with private health insurance, the insurance limit for companies like UAP for Covid 19 was 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 before admission to the ICU.

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. 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 grapples with a weak public health system including districts that lacked district hospitals and unequipped health facilities.

## THE NATIONAL HEALTH INSURANCE SCHEME IS YET TO BE PASSED

Even before the pandemic, on average out of pocket expenditure on health is 38.38%, which far exceeds

10% recommended by the World Health Organization. 4% of Ugandans 15 years and above have health insurance (UBOS,2021). A National Health Insurance Scheme Bill has been in the offing for over ten years. Finally passed by Parliament, it is yet to be assented to by the President.

## POOR GOVERNANCE AND ACCOUNTABILITY FOR COVID 19 MONEY



Uganda responded quickly to the threat posed by Covid 19 and passed supplementary budgets and loans to booster the health system, limited transparency and mismanagement of the Covid 19 funds (delays and non delivery of procured items, resulted in avoidable deaths (OAG,2021). The oxygen crisis could have been mitigated if the funds had been put to proper use (ISER,2021).

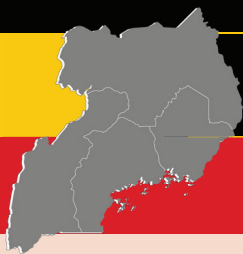
## INEQUITABLE ROLL OUT OF COVID VACCINATION



The Covid 19 vaccination roll out has been haphazard, in part due to limited supply of Covid 19 vaccines available for the country to purchase as a result of vaccine hoarding and failure to pass the TRIPS waiver. However, even with the vaccines available, the initial roll out was haphazard with queue jumping, outsourcing them to the private sector which sold them and failure to address barriers faced by vulnerable groups like older persons that may need vaccination to be undertaken at or close to their home. There is lack of access to information and transparency around Covid 19 vaccination in Uganda. Despite ISER submitting access to information requests the government has not complied with our requests. The haphazard start of the roll out and limited access to information has resulted in low citizen trust which has affected the uptake of the vaccine.

## INTERRUPTION OF HEALTH SERVICES BY LOCKDOWN AND OTHER MEASURES TO CURB COVID 19

Immunisation, antenatal services, access to HIV and cancer drugs were interrupted by the lockdown measures enacted to curb Covid 19 (MOH,2020). This underscores importance of having close quality public health facilities.



# RIGHT TO HEALTH

### RECOMMENDATIONS

1. Increase health financing to 15% of the national budget in line with Uganda's commitment under the Abuja Declaration and address disparities in access to healthcare for vulnerable and marginalized communities.
2. Fund and equip public health facilities ensuring an adequate health workforce, PPEs, oxygen and other health infrastructure.
3. Maintain strong government stewardship in all responses aimed at countering the pandemic.
4. Refrain from commercialization and privatization of healthcare, for example public private partnerships and instead devote maximum available resources to ensure quality public health services.
5. Regulate the private sector in health.
6. Adopt and implement a national health insurance scheme that extends coverage to the informal sector, low income households and individuals, people with disabilities, the elderly and other vulnerable groups.
7. Strengthen the country's health Covid 19 response by;
  - Ensure access to free COVID 19 testing; access to ICU Beds and utilise available funds to set up more ICUs in the country.
  - Prioritise Covid 19 vaccination including expeditiously obtaining vaccines either through bilateral donations or procurement.
  - Address the barriers that caused low Covid 19 vaccine uptake initially especially up country and among urban poor by community engagement including conducting community outreach in markets and other places where communities engage and taking vaccines to older persons that may not be able to move.
  - Undertake meaningful engagement with communities and enable access to information with key stakeholders including marginalized groups and civil society organizations.
  - Ensure continuity of healthcare even if lockdowns are enacted.

### REFERENCES

Ministry of Health (MOH) (2020) Annual Health Sector Performance Report 2019/20.

MOH (2018) [National Scale-Up of Medical Oxygen Implementation Plan 2018-2022](#)

Initiative for Social and Economic Rights (ISER) (2021) [Profiteering Off A Pandemic: Private Sector and Health Services in Uganda During Covid 19.](#)

ISER (2021) [How Did We Get Here? Uganda's Medical Oxygen Crisis](#)

ISER (2018) [Are We Failing to Progressively Realise the Right to Health: An Analysis of Health Sector Budget Trends](#)

ISER (2018) [Here When You Are Poor You Die: An Assessment of HealthCare in Sigulu Islands](#)

ISER (2019) [For Us We Are Like Forgotten People](#)

Uganda Bureau of Statistics (UBOS) 2021, Uganda National Household Survey 2019/2020.

Office of the Auditor General (OAG) (2021) [Thematic Audit Report on Covid 19 Pandemic Government interventions](#)

### ABOUT THIS FACTSHEET SERIES

This factsheet is part of a series prepared by the Initiative for Social and Economic Rights (ISER) in light of Uganda's 3rd appearance before the Human Rights Council for the Universal Periodic Review in January 2022. The factsheets in these series accompany the joint submission on economic, social and cultural rights coordinated by ISER and endorsed by over 55 organisations.



**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](mailto:info@iser-uganda.org) Tel: +256 414 581 041**

**Website: [www.iser-uganda.org](http://www.iser-uganda.org) Cell: +256 772 473 929**



@ISERUganda



ISERUganda



ISER Uganda