



INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS



ISER POSITION ON THE PROPOSED 2023/24 HEALTH BUDGET FOR UGANDA

April 2023

ABOUT THE INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

The Initiative for Social and Economic Rights (ISER) is a human rights Non-Governmental Organization (NGO), established in 2012. ISER was founded in 2012 to ensure full recognition, accountability and realization of social & economic rights including the right to education, health and social security. ISER is an ardent advocate for the adoption and use of a human rights-based approach to healthcare service delivery and has actively engaged in advocacy for the right to health especially for vulnerable groups including the poor, and Persons with Disabilities (PWDs). ISER's right to health program focuses on realizing the right to health and universal health coverage with a particular focus on vulnerable groups.

INTRODUCTION

Achieving quality healthcare for all is a fundamental human right that everyone, everywhere, must enjoy. Many Ugandans struggle currently with high out-of-pocket health expenditures, which have forced some people to sell their properties to pay for healthcare, while others get detained at health facilities for failure to pay medical bills. Uganda's health system continues to face significant financing pressures, high out-of-pocket health expenditure coupled with inadequate supply of essential medicines and health supplies, low health worker remuneration including, unpaid or unofficial overtime hours, low recruitment and retention of the health workforce and outbreak of epidemics/pandemics like Ebola and COVID-19. Climate change is also increasingly a threat to the health system. All these challenges stem from the government's inadequate investment into the public health system yet Covid 19 underscored how much Ugandans rely on the public health system.

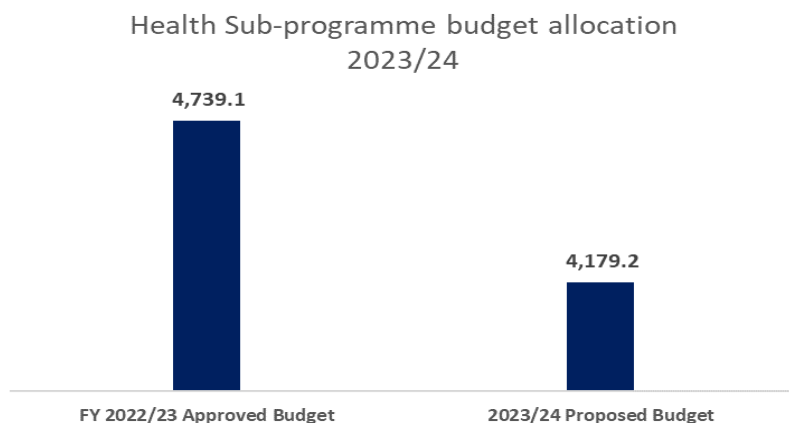
The National Service Delivery Survey (NSDS) 2020/21 reveals the majority of Ugandans seek healthcare from the public health system and it is the first point of consultation, particularly for the vulnerable.¹ It is vital that government invests in the public health system and desists from the proposed budget cuts as this analysis reveals.

In this analysis, we delve into the proposed 2023/24 health budget for Uganda, and present issues for Parliament's consideration prior to its approval. Our analysis is based on the ministerial policy statements and draft budget estimates that were presented before Parliament's Health Committee.

¹ https://www.ubos.org/wp-content/uploads/publications/12_2022NSDS_2021_Final_Report_2022.pdf;
<https://www.ubos.org/wp-content/uploads/2022/12/NSDS-2021-e-Health.pdf>

Health Sub-program budget allocation declined

Despite the existing gaps in health service delivery, the budget towards the health sub-program is being slashed by 11.8 percent in the coming financial year. Provisional allocations towards health in FY 2023/24 stand at Ugx 4,179.2 billion² down from the Ugx 4,739.1 billion approved for FY 2022/23.



The cuts in the health budget have affected a number of critical votes under the sub-program, and details on some of these are provided in the table below.

Vote	Approved budget 2022/23 (Bn Shs.)	Proposed Budget 2023/24 (Bn Shs)	% Change
Ministry of Health	1,583.9	1,234.9	-22.0 %
Uganda Blood Transfusion Service	23.680	22.329	-5.7 %
Uganda Aids Commission	17.918	16.597	-7.4 %
Uganda Virus Research Institute	10.132	7.847	-22.6 %
Health Service Commission	13.964	11.999	-14.1 %

² 2023/24 National Budget Framework Paper, Ministry of Finance, Planning and Economic Development

The Uganda Cancer Institute, one of the critical votes facing a cut, has been under public scrutiny for poor services due to insufficient health workers and drugs.³ Also, in 2018 Uganda had a blood shortage due to insufficient funding for the Uganda Blood Transfusion Services⁴ and these proposed cuts risk that reoccurring.

It is vital government rethinks the budget cut to the sector overall. Only 73% of people that sought health care in public health system were satisfied with it⁵ and this is due to inadequate funding.

Owing to cuts in the health budget, a number of areas have been left unfunded in the coming financial year. We detail some of these below.

Item	2023/24 Funding shortfall (in billion Shs)	
Wage shortfalls	Gulu regional referral hospital	1.7
	Yumbe referral hospital	4.9
	Lira regional referral hospital	1.2
	Kiruddu	4.5
	Soroti	0.5
	Kabale	2.8
	Kayunga	3.0
	Kawempe	12.3
	Naguru	17
	Total	47.9
Water and electricity for regional referral hospitals	Naguru	0.8
	Gulu	0.35
	Yumbe	0.35

³ <https://www.monitor.co.ug/uganda/news/national/uganda-cancer-institute-staff-call-off-sit-down-strike-4082506>

⁴ Doctors in Uganda Warn Crisis Level Blood Shortage is Putting Lives at Risk, The Guardian, <https://www.theguardian.com/global-development/2018/jan/16/doctors-uganda-warn-crisis-level-blood-shortage-risks-lives>

⁵ Uganda Bureau of Statistics, National Service Delivery Survey 2020/21 https://www.ubos.org/wp-content/uploads/publications/12_2022NSDS_2021_Final_Report_2022.pdf; <https://www.ubos.org/wp-content/uploads/2022/12/NSDS-2021-e-Health.pdf>

	Mbarara	0.6
	Soroti	0.3
	Kawempe	0.65
	Hoima	0.35
	Lira	0.3
	Total	3.7
Funds required for the phased establishment of the National Ambulance system		12.8
Funds required to mitigate the risks caused by disease outbreaks and ongoing pandemics like COVID 19		46.0
Operational funds for Primary Health Care services (PHC) to cater for the newly upgraded health center IIIs, Health Centre IVs, and General Hospitals		24.7
Maintenance costs for Intensive Care Units in regional hospitals		3.2
Functionalization of the Community Health Program for training VHTs in Community Health Program and re-tooling of the VHTs		6.0

Issues for Consideration

3.1 The Freeze on new recruitments and salary enhancements will likely impact on human resources for health

While issuing fiscal policy guidelines for FY 2023/24, the Ministry of Finance directed that salary enhancements be suspended for a year. According to the Ministry, implementation of the comprehensive salary enhancement plan will only resume in 2024/25.

Worse still, no new recruitments will be made across government in the FY 2023/24 according to the Ministry of Finance⁶. That is, no vote will be authorized to recruit new workers except on a replacement basis, with evidence that the position(s) to be filled have provision in the budget for FY 2023/24.

⁶ (page 11 of the second budget call circular)

ISER is concerned that both these decisions may lead to understaffing, over-burdening the existing staff, and health workforce burnout, all which negatively affect health outcomes. Human resources for health are the backbone of any public health system, and their availability, distribution and performance are critical to achieving universal health. Unfortunately, Uganda faces a significant shortage of health workers, struggles to retain and motivate health workers, particularly, in rural and remote areas. For instance, Uganda has one doctor for every 25,000 people⁷ in the population. This shortage has for years been identified as a critical challenge to the country's health system.

Recommendation

- Parliament should overturn the blanket freeze on new recruitments and salary enhancements for critical sectors like health and education

3.2 The national ambulance service system is yet to be implemented but remains an unfunded priority

COVID19 highlighted critical gaps in Uganda's ambulance system. Despite emergency medical service being identified as a critical vehicle to effective referral, timely service delivery, and saving life, the system remains an unfunded priority (Ugx 12 billion) for another year in a row.

As at the moment, only 6 percent⁸ of emergency cases arrive at hospital by ambulance. A few ambulances do exist with most being privately owned and prohibitively expensive. Government owns just about 183⁹ type B ambulances (fully functional ambulances). This is less than what is necessary to provide one ambulance for every 100,000 people, which is 460. With the current gap, 95 percent of constituencies across the country, have been left without ambulances as of 2021 (Health MPS 2023/24). Furthermore, only 5 type C ambulances (with an intensive care unit and advanced life support) are owned by government as at the moment.

Delayed arrival of a patient to an appropriate health facility coupled with a limited number of ambulances, trained health workforce to deal with medical emergencies, fuel, and a lack of a triage

⁷ Ajari EE, Ojilong D. Assessment of the preparedness of the Ugandan health care system to tackle more COVID-19 cases. J Glob Health. 2020 Dec, retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7533609/#:~:text=Uganda's%20doctor%2Dpatient%20and%20nurse,patient%20ratio%20of%201%3A1000>.

⁸<https://www.independent.co.ug/uganda-needs-additional-169-ambulances-to-have-functional-emergency-service/>

⁹ <https://www.monitor.co.ug/uganda/news/national/uganda-requires-460-ambulances-says-ministry-3819164>

system to timely treat patients in critical health conditions often results in preventable deaths and severe morbidities shortly after arriving at the health facility.

Recommendations

- Allocate full funding towards the National ambulance system
- Fast-track the operationalization of the National Emergency Services policy.

3.3 The passage of the National Health Insurance Scheme (NHIS) Bill is long overdue.

As an advocate for health equity and justice, ISER believes that an equitable National Health Insurance Scheme (NHIS) can complement the public health system and contribute to the attainment of universal health and Uganda's NDP III goal of health for all. Yet, the state continues to pay lip service to the NHIS question, thereby undermining its primary duty to protect and promote the health of its population.

The health insurance scheme has been unfunded throughout the subsequent budgets¹⁰. Even where funds are allocated, these will still go to further consultations, benchmarking, and studies. Even within the coming financial year, government has still set-out to conduct an efficiency study on the scheme. Prior plans within the budget Framework Paper to fast track NHIS capitalization by Government; develop NHIS accreditation criteria; and develop provider payment mechanisms under the NHIS have all been dropped.

Recommendation

- Parliament should compel government to expedite the passing of the National Health Insurance Scheme Bill

3.4 Fund and prioritize pandemic preparedness and response

As Uganda has witnessed in the last three years, we can no longer afford to ignore the importance of investing in a robust and resilient public health system that can readily deal with present and future pandemics and other related health emergencies. Ugx. 46bn¹¹ will be required to mitigate the risks caused by disease outbreaks and ongoing pandemics like COVID-19 and the Ebola virus.

¹⁰ Health MPS 2022/23

¹¹ Health Ministerial Policy Statement for 2023/24 financial year

This funding however has not been availed. Without this funding, government will not be in position to implement the COVID-19 resurgence plan and Ebola Sudan emergency response plans as earlier set out.

Recommendation

- Ministry of Health should from within its resource envelope, earmark the missing funds for pandemic preparedness and response.

3.5 Funding gaps towards community health workers who remain the foot soldiers for primary health care

Despite the invaluable contribution of the community health workers to promoting primary health care and community outreach necessary to fight epidemics/pandemics, operationalization of the Community Health Extension Workers (CHEW) policy remains slow. ISER has noted that the Community Health department within the health ministry that carries the responsibility for establishing community health structures has been allocated only Ugx 1.1 billion¹². A funding gap of Ugx 6 billion for the training and retooling of Village Health Teams (VHTs) has been left uncatered for within the coming budget. With 70 per cent of the population residing in communities and villages and accessing health care services through the lowest levels of the health system, the role of VHTs cannot be underestimated. It is impossible to have effective surveillance without community. VHTs are at the core of supporting primary healthcare.

Recommendation

- Ministry of Health should fill the Ugx 6 billion funding gap towards village health teams

Conclusion

A resilient public health system is needed now more than ever as the country faces multiple crises including the rising cost of living, and climate change. Rights like health should not be a privilege of the few, based on one's ability to pay. We all need quality public services. COVID-19 revealed that many people are simply one medical bill away from poverty! Government must devote maximum available resources to building a resilient public health system. Cutting the health budget at this critical time is not the way to go.

¹² Draft estimates of revenue and expenditure (recurrent and development); Volume 1: Central Government Votes, For the year ending on June 2024

About the Initiative for Social and Economic Rights (ISER)

ISER is a registered Non-Governmental Organization (NGO) in Uganda founded in 2012 to ensure full recognition, accountability and realization of social and economic rights primarily in Uganda but also within the East African Region.

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