

COFHRED

Coalition on Financing for Health Research and Development



AKINA MAMA
WA AFRIKA



AQH-Uganda



POSITION PAPER ON THE HEALTH SECTOR MINISTERIAL POLICY STATEMENTS FOR THE FINANCIAL YEAR 2021/2022

*Civil Society Concerns regarding Sexual Reproductive
Health and Rights and Health Research and Development*

26th March 2021

1.0 INTRODUCTION

The Coalition on Financing for Health Research and Development (COFHRED) and Akina Mama wa Afrika (AMWA) have come together to present and discuss a Position Paper on the Health Sector Ministerial Policy Statement and Budget Proposals for FY 2021/22 Budget aimed at enhancing the financing for the Health Sector in General and Sexual Reproductive Health and Rights as well as Health Research and Development in particular in Uganda.

1.1 Background and acknowledgement

The preparation and development of this position paper on the Health Sector Ministerial Policy Statements for the Financial Year (FY) 2021/22) has been made possible with support from Akina Mama Wa Afrika and COFHRED. CSOs that participated in the development of the position Paper include: Akina Mama wa Afrika and COFHRED Members to include: IAVI, AIDS Healthcare Foundation (AHF), Uganda Network of AIDS Service Organisations (UNASO), Women's Probono Initiative, Advocacy for Quality Health Care Uganda (AQHU), Coalition for Health Promotion and Social Development (HEPS) ACT 101 and Naguru Youth Health Network with guidance from Jenga Afrika.

The propositions in this position paper are an outcome of critical analysis of the NBF for FY 2021/22 as well as the Ministerial Policy Statements of the Health Sector and other official documents such as Annual Performance Reports, Auditor General's reports, Sector Performance Reports, Budget Committee Reports, research reports and practical experiences from development practitioners. In addition, these proposals are a follow-up of previous recommendations to the Government while assessing the levels of adoption and actions so far taken regarding financing for health research and Reproductive health and rights.

We commend the Government of Uganda for mainstreaming health research financing in the major health sector votes such all the Regional Referral Hospitals, the Health Service Commission, after our intervention during the Local Government Budget Consultations for the FY 2020/21.

2.0 FINANCING FOR HEALTH R&D AND SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

2.1 Uganda National Budget Allocations for Health Research and Development

Health research falls under the Health sub-program in the Ministry of Health. The health sub programme has 2 key interventions it contributes to: Improve the foundations for human capital development and to improve population health, safety and management. Health research however happens and is also implemented by other government MDAs such as in the ministry of Education and Universities, as well as the Ministry of Science and Technology among others. The Health Research budget in the Ministry of Health has been put at UGX 788M a difference of UGX 2 million from the FY 2020/21 of UGX 788.

Table 2: Selected votes reflecting budget allocation for Research in the Health Sub Programme

	Health Research 2019/2020	Total budget 2019/2020	Health research Approved budget 2020/2021	Total budget 2020/2021	Health budget 2021/2022 Proposed	Total budget 2021/2022
MoH	0.788	929.780	0.788	1268.48	0.788	482.717
RRHs	0	180.741	8.482	196.21	9.512	217.303
Uganda Cancer Institute	0	91.258	1.1	105.8	1.05	37.67
Mulago specialised women and neonatal hospital	0	9.396	0.98	21.58	0.98	21.59
UVRI	9.069	9.069	1.78	8.97	1.78	8.97

Source: MPS, FY 2021/22 and MOH MPS 2021/22

We note:

- The UNHRO Budget exists under the Health Research Sub-component but it is not clear what their allocation is for the proposed financial year budget.
- We are however happy to note that when the Coalition on Financing for Health Research and Development (COFHRED) participated in the LGBC for FY 2021/22 and proposed that Health research and development should be considered key in informing policy and practice, a number of health sector votes including every Regional Referral Hospital introduced a component of research and Innovation starting FY 2020/21.
- We are happy to note that every Regional Referral Hospital has got a component of research and Innovation starting FY 2020/21. COFHRED participated in the LGBC for this financial year and proposed that Health research and development should be considered key in informing policy and practice.
- However, a number of national and regional referral hospitals did not make allocation for health research e.g., Vote [165] Gulu Referral Hospital, vote 161 Mulago Hospital Complex, vote 151 Uganda Blood Transfusion Service, Vote [134] Health Service Commission, Vote 178 Kawempe National Referral Hospital and Vote [500] LG Health Grant.

2.2 Uganda National Budget Allocations for Sexual Reproductive Health and Rights

Ministry of Health Vote

Vote/Sub-program	Approved Budget 2020/21	Proposed Budget 2021/22	Variance	% change	Medium Term Projections		
					2022/23	2023/24	2024/25
Health governance and Regulation	0.730	0.730	0.000	0	0.73	0.73	0.73
Health infrastructure and Equipment <i>o/w Uganda Reproductive Maternal and Child Health Services Improvement Project</i>	413.847 332.620	91.389 41.940	(322.458) (290.68)	22.08% 12.6%	129.879 65.100	47.705 0.400	45.886 0.400
Health Research <i>o/w Research Institutions</i> JCRC	0.788 0.548 0.240	0.788 0.548 0.240	0.000 0.000 0.000	0% 0% 0%	0.79 0.548 0.240	0.79 0.548 0.240	0.79 0.548 0.240
Pharmaceutical and other supplies	756.808	298.90	(457.908)	39.5%	17.042	17.042	17.042
Public Health Services No budget for NCDs	16.65	10.773	(5.917)	35.5%	11.40	11.40	11.40
Clinical Health Services	57.509	57.509	0.000	0%	57.509	57.509	57.509
Policy, Planning and Support Services	25.372	22.628	(2.744)	3.94%	23.359	23.359	23.359
Total for Vote MOH	1,271.705	482.717	(788.988)	37.9%	240.659	158.484	156.665

Source: MoH MPS 2021/22

We note:

- We note that the budget allocation to Reproductive and Child Health increased from UGX 91,791 Billion Uganda shillings in FY 2019/2020 to UGX 332.620 Billion in FY 2020/21 and then has been reduced to UGX 41.940 in FY 2021/22 creating a deficit of UGX 290.68. It is also projected to increase to UGX 65.100 in 2022/23 but drastically reduce to UGX 0.400 in the medium term.
- Under clinical health services, the allocation for nursing and midwifery services increased from UGX 0.396 in FY 2019/2020 to 0.590 in FY 2020/2021 and is slated to remain the same FY 2021/2022.
- However, according to the FY 2019/20 national annual needs analysis and quantification for public health facilities in Uganda, the annual requirement for maternity kits increased from one million kits in the FY 2018/2019 to 1.2million kits in the FY 2019/2020 indicating a 14% increase. The actual need for the kits for the FY 2020/21 increased to 1.4 million kits (approx. UGX 33.4bn), yet NMS was only able to deliver 617,284 delivery Kits, less than a half (43%) of the actual need for FY 2020/21.
- Considering the reduction in the budget for the health sector for FY 2021/2022, yet the population is also growing with increased needs, the situation is going to be worse. Increase in the quantification for reproductive health commodities needs to be matched with the resources needed.
- Reduction in funding to the health sector will worsen the stock out of essential commodities that include sexual & reproductive health commodities and laboratory supplies and reagents especially now that Uganda is experiencing unfunded gaps for commodities in all levels of health care.

CSO CONCERNS AND RECOMMENDATIONS

1. The Proposed Cut to the Health Budget

While the Covid19 pandemic has highlighted the need for investment in the public health care system, the government of Uganda will reduce its budget by UGX 785.75Bn in the financial year 2021/22. This is according to the Ministry of Health Ministerial Policy Statement presented to Parliament for approval.

At the 2019 International Conference on Population and Development (ICPD25) President Museveni pledged to continue promoting universal access to all methods of family planning and to reduce the unmet need for family planning from 28% to 10% by 2022. He further committed to stand firm to eliminate obstacles that stand in the way of girls' empowerment, such as teenage pregnancy, child marriage, as well as all forms of Gender-Based Violence (GBV). Uganda also committed to achieving the SDG 3 by 2030 which provides for universal access to sexual and reproductive healthcare services; and achieving an end to AIDS by 2030. Uganda is also signatory to the Abuja Declaration which obliges governments to commit 15% of the national budget to the health sector. A reduced health budget is therefore a step back from these commitments. The Ministry of Health priorities to improve Reproductive, Maternal, Neonatal, Child and Adolescent Health services cannot happen with a reduced budget.

Our Concern

Reducing the health budget by any percentage is a blatant disregard of the government's commitments to prioritize the right to health and is dangerous specifically for Ugandan women and

marginalized people. A proposal such as this is particularly outrageous in the middle of a pandemic when thousands of Ugandans have been infected by the coronavirus, hundreds have died, and a vaccine still remains out of reach. Funding for health at such a time should be non-negotiable.

Recommendation(s)

1. The proposal to cut funding to the health budget by any proportion be abandoned forthwith, and the government should instead heed the orders of the Constitutional Court delivered in the 2020 judgement in the Petition 16 case to “prioritize and provide sufficient funds in the national budget for maternal health care.”
2. Increasing allocations to the health budget in fulfilment of the commitments made as a signatory to the Abuja Declaration pledging to increase the proportion of its health expenditure to at least 15 percent of the annual budget.

2. Under funding of and limited functionality of UNHRO to implement its mandate

The UNHRO Budget exists under the Health Research Sub-component but it is not clear what their allocation is for the proposed financial year budget.

According to the Auditor General Report 2019/20 UNHRO did not have a governing Board during the year under review, after the term of office for all former members of the Board expired in 2016. Without a Governing Board, oversight functions spelt out for the Board, may not be lawfully executed.

The Auditor General also noted that the Organization had not been granted a vote status by the time of audit, despite being granted by the Sessional Parliamentary Committee. As a result, the organization’s financial and operational independence is limited. Although the Sessional Committee had recommended the allocation UGX.2,360 billion to kick start UNHRO operations, no such allocation has been made.

It was also noted that only 12 positions out of the approved 26 positions, as per the Organizational Structure in the Scheme of Service of April 2011, had been filled resulting into a staffing gap of 14 positions by the time of audit. Such gaps negatively impact on the capacity of the Organisation to execute its mandate.

Concern

Inhibited UNHRO’s role to regulate, co-ordinate, facilitate and promote national research for health along the entire research spectrum. There is inadequate coordination of health research initiatives across the Community. Research priorities of Uganda are not well-defined.

Recommendation

1. There is need to adequately finance UNHRO to implement its mandate i.e. (1) Set a national research agenda, (2) Funding of health research, (3) Build capacity for health research (4) Provide regulation and monitoring oversight to national research implementation, (5) Dissemination of national research findings using “*open science and FAIR data principles*” (6) Storage and (7) Use of research findings to inform health policies and practice.

3. Lack of transparency and accountability for COVID19 funds

During the FY 2019/20, the Ministry of Science, Technology and Innovation was a beneficiary of over UGX 31 Bn in a supplementary Budget as support to scientists and innovators engaged in COVID 19 scientific research including the procurement of specialized machinery and equipment, development of vaccines, drug diagnostics and other operational costs. It was however noted by the Auditor General's Report 2019/20 that the Ministry lacked a Policy on Technology Development, although it financed one Company with UGX.89.5Million to develop and supply Innovative Solution towards the Fight against/Control of the Coronavirus (COVID 19) pandemic in Uganda. It was observed that there have been no progress reports on the activities of the company to date, to enable assessment of best value attainment.

The MoH presented to the Parliamentary Budget Committee a supplementary request for Ush18.5 billion (\$5 million) to purchase the vaccine. Meanwhile, of all the monies received for the Covid-19 response in 2020, UGX.758,768,000 remained unaccounted for at the time of audit. UGX.10.5bn, released for the implementation of Covid-19 activities in three (3) entities was diverted and spent on items other than those for which the funds were disbursed -- Diversions affect the achievement of the goals and objectives for which the funds had been released.

Concern

We wonder whether the UNHRO mandate extends to other non-health votes in order to monitor funds allocated under them.

Recommendation

1. The supplementary budget on COVID19 needs to be institutionalized and highly monitored including putting in place effective accountability systems.
2. Funding for health research and innovation activities under mandated institutions at regulatory, oversight and implementation levels should be made a top priority in the Budget Strategy for FY 2021/22.
3. All covid-19 funds unaccounted for must be recovered and ploughed back to the system.

4. COVID-19 Vaccine Introduction and Deployment

Although Uganda joined the COVAX Facility, which committed to providing the country with COVID-19 vaccines, these vaccines will only be able to cover 20% of Uganda's population. The government will need to devise all possible means of covering a bigger part of the population. Uganda is paying USD \$7 per dose for its 18 million dose order of the AstraZeneca vaccine – a price that is 20% more than South Africa and roughly triple that being paid by the European Union. The two-dose vaccine coupled with shipping and handling costs would bring the total cost per complete immunization to \$17!

One of the reasons highlighted for this high cost is the size of our market – we have a smaller population than South Africa or Europe. Our bargaining power is therefore much lower than other countries with bigger populations.

Recommendation(s):

1. We urge the Ministry of Trade to work with the Ministry of Health in exploring and utilizing all available flexibilities in the TRIPS agreement to ensure vaccines are available to all.
2. We need to Vaccinate Our World Now. We must prioritize lives and not profits. We call upon pharmaceutical companies and research institutions to share their technology, know-how and

intellectual property on Covid-19 vaccines and treatments through the World Health Organisation's Covid-19 Technology Access Pool.

3. We urge the government of Uganda to lobby sister governments in the region for pooled procurement of the covid-19 vaccine and other essential medical commodities. This will help increase our bargaining power so we may procure at a less cost per dose.

5. Intended Withdrawal of the National Health Insurance Bill.

In the 2020/21 Budget process, parliament advised the Ministry to fast track the National Health Insurance Bill. Indeed, the Ministry brought back the Bill to parliament. However, we now know that the Government is going to withdraw the bill on account of contribution modalities by different stakeholders. How shall we achieve Universal Health Coverage when the government is dilly dallying with the health of its citizens? Access to healthcare for all regardless of ability to pay; a strong resilient public healthcare system that caters for everyone and strong preventative mechanisms are the pillars of universal health coverage. The NHIS was the means to that end. The National Household Survey of 2016/17, data showed that 14.2 per cent per cent of Ugandan households incur catastrophic health expenditure due to direct household out-of-pocket payments, which compromises the household welfare and affects their ability to consume other basic needs such as food, education and shelter.

Recommendation(s):

1. Parliamentary Should insist that this bill is not withdrawn. The Committee on Health should ensure that the bill that is passed covers the poorest and most vulnerable like children, persons with disabilities and older persons from the onset.
2. Government needs to commit to contribute to the scheme and to strengthen the accountability for the funds and services within the scheme including regulating the private sector.
3. Prioritizing the urgent need to address service delivery constraints at decentralized levels in the wake of the formation of new cities and districts, ensures better health services delivery in all remote areas across the country, prioritizing implementation of Universal Health Coverage through fast-tracking the National Health Insurance (NHIS) and provision of funding, and strengthens the provision of basic health services and reproductive health products and services for women.

6. Unfunded priorities amount to UGX 1,154.62 Bn more than the total health budget

Civil Society is also concerned about the unfunded priorities for the Ministry of Health such as support supervision to enhance standards and service delivery as well as mobilization to reduce the blood shortage which directly impact on maternal and reproductive health services. The Committee on Economic, Social and Cultural Rights (CESCR Committee), during its review of Uganda in 2015, expressed concern regarding the high rate of maternal mortality, and recommended to government to intensify its efforts to reduce the rate including by sufficiently equipping facilities to provide antenatal, delivery and postnatal care as well as improving access to services.

Key among the unfunded priorities is:

1. Support supervision 1.6 Bn
2. UGX 320 Laboratory Reagents
3. Covid 19 Response UGX 580 Bn – procure vaccines and related supplies; store and distribute vaccines and logistics and other operational costs
4. Uganda Blood Transfusion Services (UBTS) UGX 5Bn for blood mobilization activities
5. Accumulated arrears – verified by end of 2019/20 – UGX 68.057 Bn
6. NMS requires UGX 50 Bn towards HIV/AIDS Drugs with Donors

Concern

We note that unfunded priorities in the health budget compromise the availability, accessibility, affordability and quality framework on the right to health especially for the most vulnerable citizens. However, we also note the unnecessary wastage of funds. For example, Kawempe Regional Referral Hospital wasted UGX.55,905,180 in over charges on 35, 374 units of water. Each unit was rated UGX.4,980 (VAT inclusive) instead of the government institutional rate of UGX.4,198 (VAT inclusive) per unit. There was therefore an overcharge of UGX.782 per unit consumed.

Recommendation(s):

1. Reducing and re-allocating spending on non-urgent and wasteful budget priorities like military spending in favor of social development, particularly health, as stipulated in the Maputo Protocol to which Uganda is a signatory.
2. MoH to improve efficiency – reduce unnecessary cost and waste while maintaining and or improving quality. Saved resources can be reploughed into the system to cater for other needs.
3. Re-assessing resource mobilization and spending policies to rely less on debt and private capital, and to focus instead on stemming the loss of resources through illicit financial flows. The 2 trillion shillings Uganda loses every year are almost sufficient to fund the entire annual health budget and provides a pathway for the country to wean itself from donor dependency.
4. Prioritizing the urgent need to address service delivery constraints at decentralized levels in the wake of the formation of new cities and districts, ensures better basic health services and reproductive health products and services especially for women in all remote areas across the country,

7. Poor Management of Equipment and Services for Maternal Health

Although section 7.26 to 7.28 of Health Sector Service Standards & Service delivery standards, 2016 defines the appropriate functional equipment and tools required for handling normal delivery, resuscitation of new-born, and emergency care and resuscitation of mothers, breaches of these standards have been identified by the Auditor General's Report as below;

a) Lack of Medical Equipment:

- 67 (45%) out of 148 sampled Health Facilities lacked adequate medical equipment of various categories.
- In terms of the actual medical equipment required, only 909 out of the 3,569 expected number was available leading to an overall shortage of 2,660.

b) Failure to properly maintain medical equipment:

- 14 Health Facilities (4 District Hospitals and 10 Health Centre IVs) did not carry out regular maintenance of the medical equipment. This could easily lead to increased breakdown of medical equipment or increased repair costs and therefore failure to meet the medical requirements of patients.
- Failure to properly maintain medical equipment was attributed to reliance on one regional maintenance workshop, under funding to the regional maintenance workshop, lack of biomedical equipment technicians among others.

c) Idle medical equipment:

- Some facilities that were found with medical equipment used in maternal and neonatal health did not optimally utilize this equipment. For example;

- 20 sampled Health Facilities (2 Regional Referral Hospitals, 6 District Hospitals and 12 Health Centre IVs) had 121 medical equipment that were in working condition but were not being put to use.
- This was attributed to; Lack of qualified personnel to operate the machine, Failure to install machine and train staff, Lack of adequate space to install the medical equipment, Lack of three phase electricity to power the equipment, among others.

Recommendation(s):

1. The MoH and MoFPED should identify and allocate adequate resources for medical equipment in RRHs, DHs and HC IIIs.
2. The Ministry of Health must allocate resources to the regional maintenance workshops to support maintenance of medical equipment in the Health Centres and thereby meet the patients' medical requirements.
3. The MoH should reallocate idle medical equipment to facilities that are able to use them. High volume facilities should be prioritized in the reallocation of medical equipment. However, the reasons for idleness as indicated in the Auditor's General's Report must be quickly addressed to ensure equity in service delivery.

8. Staffing Structure and Poor Remuneration/Salary enhancement for health workers

The variance between approved staff structure and filled positions in health facilities is still very big. For example, at Mulago specialized women and neo-natal hospital, out of the approved staff structure of 880 positions, only 293 positions have been filled. Meanwhile, the Hospital had 79 staff whose positions are not in the approved structure. At Kawempe National Referral Hospital, out of the approved staff structure of 924 posts, only 321(35%) were filled leaving 603 (65%) positions vacant. More so, the hospital still has no board to oversee management despite having been given a July 2019 deadline.

The health sector also requires UGX 204.21bn to facilitate the absorption of donor supported contract staff within existing structures under the Ministry of Health, Uganda Virus Research Institute, Central Public Health Laboratories Lab, Joint Clinical Research Centre, Mulago National Referral Hospital, Regional Referral and District LGs. It has been noted that only UGX 191.31bn has been provided leaving a funding gap of UGX 12.9bn. Failure to provide for the required funding will cripple delivery of healthcare. Moreover, accumulated arrears in the health sector, verified by end of 2019/20 – UGX 68.057 Bn.

Recommendation(s):

1. All wage arrears should be cleared and more budget allocation be made towards salaries and wages of health workers because they are overwhelmed especially now more than ever because of the pandemic.
2. The budget committee in its report on the NBF 2021/22 recommended that government sets aside adequate resources in the domestic arrears budget to clear the current stock of arrears.
3. There should be more recruitment of new staff and health workers to meet the high patient-doctor ratio in regional referral hospitals and health centres to relieve an overwhelmed staff.

9. Underfunding of the National Medical Store

It has been noted that the NMS required UGX 95 billion in FY 2021-22 however it has been allocated only UGX 40 billion. The Budget Committee noted that NMS requires UGX 95 billion in FY 2021-22 to increase the provision of HIV/AIDs and TB drugs. However, only UGX 40 billion has been provided under the MTEF leaving a funding gap of UGX 55 billion. It should be noted that failure to provide this financing will negatively impact on the attainment of NDP III outcomes related to the reduction of the burden of HIV epidemic and its impact on the socio-economic development of communities.

Recommendation

1. The government should allocate more money and prioritize NMS to improve availability and accessibility of quality HIV products and reproductive health commodities like mama kits.

10. Underfunding of the Uganda Blood Transfusion Services

Among the Medium-Term Plans of the Ministry of Health is to Review and formulate UBTS Policy; Develop and implement UBTS strategic plan; Strengthen UBTS capacity for blood collection, processing, supply and management; Infrastructure development; and strengthen Blood Safety Information System. However, the Health Ministry Ministerial Policy Statement notes that the country continues to face challenges of blood shortage due to inadequate mobilization and this requires stepping up blood mobilization activities. UBTS requires an additional UGX 5bn for this purpose.

Recommendation(s)

1. Provide the UGX 5 Bn to provide the much-needed blood especially for expectant mothers and accident casualties.

CONCLUSION

Government should reduce the number of unfunded priorities in the health sector totalling UGX 1,154.62 Bn. This is killing the quality of healthcare in the sector. More resources should be given to health research, primary health care and essential medicines and supplies where the sexual and reproductive health and rights especially of women and young people are impacted. An effort should also be made to reduce the huge externally financed health budget of UGX 700 bn, the equivalent of the health cut.

We note that the health sector is ailing mainly as a result of a poor architecture of health financing. Let us put more money in primary health care in order to reduce the need for a huge curative health care budget. Afterall, 70% of our disease burden is preventable through proper hygiene and sanitation. Once we get our spending priorities right, we shall start to see the dividends in the medium and long term. We are happy to note that the ministry of health wants to move in this direction because among the key sector priorities for FY 2021/22 is to improve the allocative and technical efficiency in the provision of financial resources in the health sector with focus on prevention vs curative healthcare.

References

- *Auditor General's Report 2019/20*
- *Budget Committee Report on the Uganda National Budget Framework Paper FY 2021/22*
- *Ministry of Health Ministerial Policy Statements 2020/21 and 2021/22*
- *National Development Plan III*
- *Uganda National Budget Framework Paper 2021/22*

For More Information, Please Contact	
COFHRED C/O JENGA AFRIKA P.O. Box 12116 Kampala Off Ggaba road, Plot 2 Nambozo Close Kansanga, Kampala, Uganda Tels: +256- 393 240 681 +256-772 500 726 +256-701 500 726 E-mail: info@jengaafrica.org Web: www.jengaafrica.org	AKINA MAMA WA AFRIKA P.O. Box 24130 Kampala Uganda, Plot 222 Mama Africa Close, Off Kiwatule Road, Ntinda Tels: +256-414 543 681 Email: amwa@akinamamawaafrika.org www.akinamamawaafrika.org