

## **THIS IS NOT THE TIME FOR UGANDA TO HAVE A HEALTH BUDGET CUT!**

**Kampala, Uganda:** We have gathered here today as members of the Civil Society to express our outrage at the government of Uganda's proposed cut to the health budget for Financial Year (FY) 2021/22. 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.

According to the current budget framework paper, the government plans to slash the health budget to UGX 2.5 trillion, a huge reduction by UGX 258.29 billion (23.6%), from last year's allocations. This cut is despite the fact that the total resource envelope for this financial year is projected to increase by UGX 164 billion; to UGX45.6 trillion. This allocation significantly falls short of the Abuja Declaration target to dedicate at least 15 percent of the country's annual budget to health. Twenty years since the enactment of this regional policy instrument, the government of Uganda continues to demonstrate a lack of prioritization for health despite the various health crises the country suffers. The health sector in FY 2020/21 accounted for only 5.1% of the national budget, down from 7.9% in FY 2019/2020. These anticipated and continued cuts do not bode well for the health and wellbeing of millions of Ugandans who put their trust in the government as part of the social contract between State and Citizen, as is illustrated by the experiences of many.

In December 2020, Dr. Charles Kiggundu, a consultant obstetrician and gynaecologist with a storied career, died of COVID-19 after failing to get an ICU bed. He was failed by the very system he served. Dr. Kiggundu's death is an indictment of Uganda's health system, and a consequence of perennial underfunding. Millions of other Ugandans have suffered a similar fate, dying from pregnancy related complications because they could not afford basic materials, bleeding to death because there was no personnel to attend to them, catching cancers too late because the cost of regular checkups is simply too high, and succumbing to injuries from accidents because there was no ambulance for emergency care. That budget cuts can be contemplated at a time when this is happening, while the health system also collapses under the demands of COVID-19 care beggars belief!

The cuts to the health budget mean that these episodes will only get worse. Eunice Musiime, the Executive Director, Akina Mama wa Afrika (AMwA) agrees. "It is unfathomable that the government of Uganda has proposed cuts to the health budget at such a time when the country is grappling with the devastating economic and health effects of the pandemic. This exemplifies how uncaring the government continues to act towards her citizens, especially women and other vulnerable groups who are disproportionately affected. Times such as these call for leadership that cares for their citizens and prioritizes critical public sectors such as health, rather than funding sectors such as security that continue to serve as tools for oppressing and meting violence on citizens."

Moses Mulumba, the Executive Director of Center for Health, Human Rights and Development (CEHURD), concurs with Ms. Eunice Musiime's assessment and describes the planned cut to the health budget as unfortunate. "There is no way we can be discussing cutting health funding at such a time when we had more maternal deaths, and teenage

pregnancies recorded during the COVID-19 lockdown. The impacts of these unfortunate situations are long lasting, which makes the health sector, particularly maternal health, vulnerable.”

On the heels of the 2020 judgment by the Constitutional Court in the Petition 16 maternal health case where orders were handed down to the government to increase allocations to the health budget for maternal health, the proposed cuts to the budget border on impunity. “It is actually contempt of Court for the government to fail to give resources that the courts have talked about in the judgment. It is not just a moral, but a legal obligation, for the State to add more resources to the sector but more specifically to ensure that these resources get into maternal health," Mulumba adds.

A cut to the health budget should be seen for exactly what it is; a dereliction of duty by the State, and a betrayal of the promise to secure the future of Ugandans. At a time when all countries are looking inward and catering to their citizens’ welfare, the Government of Uganda needs to step up to its sworn duty to protect Ugandans. We therefore demand;

1. That 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. That the Government increase 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.
3. That the Government reduces and re-allocates spending on nonurgent and wasteful budget priorities like military spending and expensive vehicles for Members of Parliament in favor of social development, particularly health, as stipulated in the Maputo Protocol to which Uganda is a signatory.
4. For the government to re-assess 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.
5. The government fast tracks and prioritizes the acquisition of COVID-19 vaccines for Ugandans as the robustness of the health system in particular, and the recovery of all development sectors in Uganda depend on defeating the coronavirus pandemic.
6. The government prioritizes 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, prioritizes implementation of Universal Health Coverage through fast-tracking the National Health Insurance Scheme (NHIS) and provision of funding, and strengthens the provision of basic health services and reproductive health products and services for women.

***Ends.***

This statement was issued jointly by Civil Society Organizations within and outside the Joint Advocacy on Sexual and Reproductive Health (JAS) Programme and is endorsed by;

1. Akina Mama wa Afrika (AMwA)
2. Center for Health, Human Rights and Development (CEHURD)
3. Human Rights Awareness and Promotion Forum (HRAPF)
4. Action Group for Health, Human Rights and HIV/AIDS (AGHA)
5. The Sexual Reproductive Health and Rights (SRHR) Alliance Uganda
6. Uganda Youth and Adolescents Health Forum (UYAHF)
7. Reproductive Health Uganda (RHU)
8. Peer to Peer Uganda Uganda (PERU)
9. Local Sustainable Communities Org (LOSCO)
10. National Association of Women Organisations in Uganda (NAWOU)
11. Alliance of Women Advocating for Change (AWAC)
12. Golden Centre for Women's Rights Uganda (GCWR)
13. Uganda Network of AIDS Service Organisations (UNASO)
14. The Development Network of Indigenous Voluntary Associations (DENIVA)
15. Open Society Initiative for Eastern Africa (OSIEA)

