PRIMARY HEALTH CARE AND PROGRESS TOWARD UHC
UGANDA

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The 2015 Sustainable Development Goals (SDGs) spurred momentum behind the drive for universal health coverage (UHC). UHC means providing all people with access to quality health services while ensuring the use of these services does not cause financial hardship.[1] As countries invest in health systems to increase access and provide financial protection, strengthening primary health care (PHC) systems will be a critical component of that effort.

The government of Uganda has aligned its core development goals under the umbrella of achieving UHC by 2025. The government is pursuing the UHC agenda specifically through the health sector planning framework, as well as the recent health financing strategy. The government is also keen on expanding promotive and preventive services for UHC, which will require investment in PHC. Expansion of these services is significant, especially as the country faces a growing double burden of disease including noncommunicable diseases (NCDs), and as HIV/AIDS, malaria, lower respiratory infections, meningitis and tuberculosis continue to lead mortality.[2] Major inequities exist in the availability of health facilities, and the weak health workforce is a bottleneck for service provision.[3] Although the general government budget has increased over time, allocations to the health sector have not. In order to achieve UHC, the government can address many of these challenges through increased investment in PHC.

TABLE 1: KEY HEALTH INDICATORS[4]	2005	2014
Life expectancy at birth (M/F)	51/54	57/62*
Infant mortality rate (per 1,000 live births)	74	38**
Under-five mortality rate (per 1,000 live births)	120.3	60.1
Maternal mortality ratio (per 100,000 live births)	504	356

* 2015
** 2016

PRIMARY HEALTH CARE

Uganda's PHC system is evolving to meet the needs of rural populations and the nation's growing NCD burden. Currently, PHC services are provided predominantly through public institutions. Community health workers—also known as village health teams—provide significant support for PHC, especially in rural areas where the proportion of skilled workforce is lower than that of urban areas.[5] In 2016, the government created the Community Extension Health Workers Strategy to realign roles, responsibilities and training of health workers to improve community ownership and participation in PHC. According to the Ministry of Health, the strategy aims to achieve the goal of the Health Sector Development Plan (HSDP) on UHC, and address existing and emerging health challenges, including weakness in service delivery among village health teams.[6] Since then, the Ministry of Health has elevated the affiliated program for the Community Health Extension Workers Strategy as a means to strengthen PHC in addition to enhancing accessibility and affordability of health services for rural and poor communities.[7]

HEALTH FINANCING IN UGANDA

In 2013, 75 percent of all health financing in Uganda came from donor funds and out-of-pocket expenditure (OOPS). Specifically, 36 percent of total health expenditure (THE) was from donor funds and 39 percent was from OOPS. The following year, OOPS grew to 41 percent of THE. The high amount of donor funding raises concerns about sustainability, especially with the changing donor landscape. The rising OOPS also bears implications for affordability at the household level and increases the potential for catastrophic health expenditure—when out-of-pocket payments on health exceed 10 percent of total household consumption.

Recently, Uganda released its second-ever health financing strategy (2015-2025) intended to remedy high OOPS in order to achieve UHC. The strategy outlines a series of reforms to the health financing

SNAPSHOT OF MAJOR HEALTH POLICIES:

- Uganda Vision 2040
- National Development Plan (NDP II) (2015-2020)
- Health Sector Development Plan (HSDP) (2015-2020)
- Health Financing Strategy (HFS) (2015-2025)

system, with the goal of facilitating "the attainment of UHC in Uganda through enabling the effective and efficient delivery of and access to the essential package of health services while reducing exposure to financial risk by 2025."[9]

RISK POOLING SITUATION

The risk pooling situation in Uganda is currently inadequate, as evidenced by the large OOPS. Existing risk pools are small, voluntary and highly fragmented. They include community-based health insurance, voluntary private insurance and health maintenance organizations.

In the new health financing strategy, one of the specific objectives is to establish and implement a new social health protection—or insurance—system that reaches 30 percent of people in Uganda by 2025. The ultimate purpose is to utilize prepaid insurance schemes to redirect resources previously paid out-of-pocket. A key part of this effort is to develop a comprehensive EHS package that goes beyond a minimum package, which currently focuses on communicable disease prevention and control. Due to the growing challenge of NCDs, this package would integrate more holistic prevention and promotion.[10]

PROGRESS TOWARD UHC

Uganda's progress toward UHC has been limited, but there is potential in the proposed health financing reforms to increase the breadth, depth, height and equity of coverage.

- ***Breadth of coverage—population: who is covered***
  Currently, there is minimal population coverage between both private and community-based health insurance, which are both voluntary.[11] As of 2014, there were over 30 different community-based insurance schemes in operation. During this time, these schemes had a collective enrollment of approximately 140,000 people.[12] Meanwhile, private health insurance covers less than one percent of the population.[13]

- ***Depth of coverage—services: what is covered?***
  Regarding covered services, benefits vary between each of the private and community-based health insurance schemes. Uganda has a national minimum health care package, but it is not clear if the covered services overlap with the benefits packages of private and community-based insurance schemes.[14] The forthcoming proposed health insurance scheme will eventually unify the covered services under a comprehensive benefits package of health services that goes beyond the minimum package.[15]

- ***Height of coverage—direct costs: proportion of the costs covered?***
  The high OOPS in Uganda demonstrates that the proportion of covered costs is insufficient if people must pay out-of-pocket. High out-of-pocket payments are associated with high catastrophic expenditure and impoverishment of households. This problem underscores the need for an insurance scheme that eliminates this level of OOPS with an effective prepayment model.

- ***Equity: how fair and just is the current situation?***
  The current situation is not equitable. There is no income or risk cross-subsidization among the existing urban-based private health insurance and rural-based community-based health insurance schemes. The community-based health insurance schemes are typically facility-based and concentrated in rural areas with mostly poor members. The private insurance schemes include mainly urban rich members, where employers provide benefits.[16] As of 2010, 28 percent of households were experiencing catastrophic payments, which varied by wealth quintile (28.3 percent among the poorest quintile to 24.8 percent among the richest quintile) and region (23.6 percent central region to 38.1 percent western region).[17]

TABLE 2: UGANDA HEALTH EXPENDITURE DATA[8]					
INDICATORS	2010	2011	2012	2013	2014
Total Health Expenditure (THE) % Gross Domestic Product (GDP)	11	9	8	7	7
General Government Health Expenditure (GGHE) as % of Total Health Expenditure	28	29	28	28	25
Private Health Expenditure (PvtHE) as % of Total Health Expenditure (THE)	72	71	72	72	75
External Resources on Health as % of Total Health Expenditure (THE)	51	48	34	36	:
Out of Pocket Expenditure (OOPS) as % of Total Health Expenditure (THE)	33	35	44	39	41
Out of Pocket Expenditure (OOPS) as % of Private Health Expenditure (PvtHE)	45	50	61	55	55
Private Insurance as % of Private Health Expenditure (PvtHE)	4	1	2	3	3

OPPORTUNITIES

The following opportunities exist to strengthen the primary health care system and drive progress toward the achievement of universal health coverage:

REDUCE OOPS BY EXPANDING NEW HEALTH INSURANCE COVERAGE

Health financing reforms in support of UHC are also a current government priority, outlined in the recent HFS. Expanding a system of prepayment through health insurance should eliminate the need for Ugandans to pay out-of-pocket at the point of care, which would ultimately reduce OOPS.

HARMONIZE BENEFITS PACKAGES IN NEW HEALTH INSURANCE SCHEME

A focal point of the new health insurance scheme is developing a comprehensive package of essential health services, which has yet to be determined. To minimize confusion, it will be important to clarify how the government of Uganda will unify the existing national minimum health care package—varying benefits among existing insurance schemes in the interim—and arrive at the end goal of one comprehensive benefits package.

INCLUDE PROMOTIVE AND PREVENTIVE SERVICES IN COMPREHENSIVE BENEFITS PACKAGE WITH PROVISION AT THE PHC LEVEL

In order to meet the objective of creating a benefits package that truly addresses prevention and promotive services holistically, it will be important that the package includes services that can be provided at the PHC level.

ENDNOTES

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