

HEALTH: FAILED GOVERNMENT PROGRAMMES

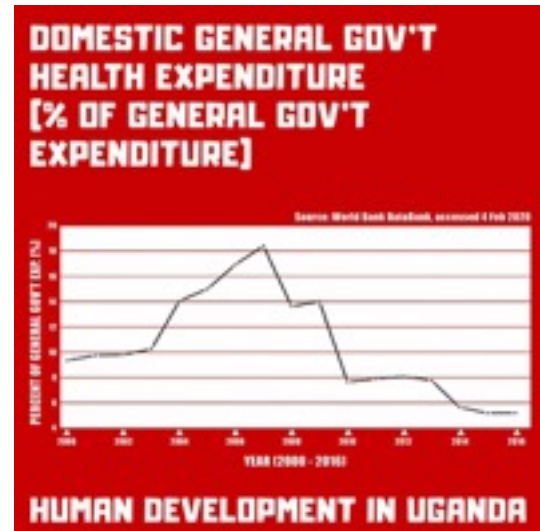
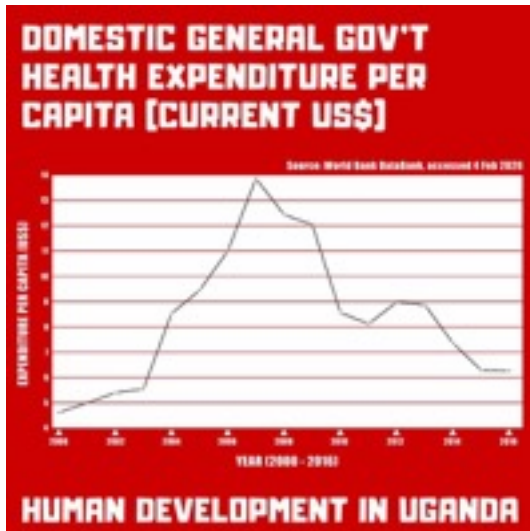
Health Service Infrastructure

1. Health Service Standards: Section 5.17 of the Service Standards and Service Delivery Standards for the Health sector states that the medical equipment is available and properly maintained to meet the needs of the patient population.
2. Health services are delivered to forty-four million Ugandans mainly through 2,746 Health Centres II to IV and one hundred and fifty-five hospitals. Of the hospitals sixty-five are owned by government, sixty-three 'Private Not for Profit' and twenty-seven private.
3. There are sub-counties not served at all by a health facility e.g. the seven in Kibaale District. That includes the largest sub-county in Kibaale with a population of 8,000.
4. Accessibility was surveyed in 2008 and thirty-four percent of respondents said they can only reach a health facility with difficulty and twenty-nine percent said they could not afford the fees.¹
5. Recent audits of existing facilities reveal a widespread lack of essential equipment and persistent drug stock-outs. The Covid-19 pandemic has brought these service failures in to sharp focus as government was unable to provide basic equipment like mattresses and consumables like soap to hospitals in preparation for a potential surge of patients.
6. In the absence of adequate public health facilities, the NRM government has shifted its focus to providing specialised health services for the well-off. Lubowa Specialised Hospital, one of the costliest in the world per bed, is designed to promote health tourism.
7. Mulago National Referral Hospital has been privatised as Mulago Specialised Hospital. Its previous function as the national referral hospital has been shared out among Kampala Capital City Authority facilities, including Kiruddu, Kawempe, Naggulu National Referral Hospitals as well as Old Mulago and Entebbe Grade B Hospitals. The consequences have been over-crowding and an acute lack of equipment and staff.

Funding

8. The percentage of the total government budget allocated to the health sector dropped from 9.6% in 2009/2010 (AHSPR, 2013/14) to 7.9 percent in 2020/21.

9. The primary sources of health care financing are households (37%) which is mainly out of their own pockets, donors (45%) and government (15%)². Private health insurance is minimal.
10. Nearly all ARVs and vaccines are supplied by donors. 81 percent of mosquito nets are paid for by development partners.



Staffing

11. Recent staff audits revealed large gaps in senior staffing of regional referral and district hospitals. Health facilities are understaffed. HCII, II and IV together with general hospitals are approved to employ 49,452 against the recommended 69,100. The annual wage cost of the current approved staff structure in those facilities is Shs. 501,529,825,776 per year. The annual wage cost of the recommended staffing levels would be Shs. 847,163,048,652, a shortfall of Shs. 345,633,222,876 per year.³
12. The health sector is losing nursing staff. While there were 1.3 nurses and midwives for every thousand people, in 2012 the number fell to 1.1 for every thousand people, and when last measured in 2015 there was less than 1 (0.6) for every thousand people.
13. Specialised staff like graduate nurses (required especially in the 10 new intensive care units), biomedical engineers and graduate radiologists are not provided for in the approved structures and attracting them to the public sector remains difficult.
14. Attraction and retention of qualified staff to rural areas is particularly difficult as the pay is low and the distance prevents doctors from supplementing their income in private clinics. There are also reports that bribes are demanded for appointment to senior positions.

15. After publicly-owned housing was sold under the privatisation programme areas with limited options for suitable accommodation for health care workers became poorly served.

Health outcomes

16. Two major health projects aimed at two major health problems - malnutrition and health insurance - failed abysmally. One of the causes was government's failure to invest its share of the project funding.
17. In the case of developing a health insurance model, the World Bank reviewed its own performance and found it to be sub-standard.
 - 74,039 children under five died in 2018 (202 per day). 32,296 of them were new-borns (88 a day).
 - 75 percent of Ugandans would not be able to afford surgery if they needed it (they are at risk of catastrophic expenditure).
 - 17 women die in childbirth every day (Human Development Index) - only 44 percent of the poorest have access to a skilled birth attendant compared to 88 percent of the wealthy. Only 11 percent of the children of the poorest receive post-natal care within two days of birth compared to 22 percent of the wealthy.

Nutrition

18. Disease can be prevented by good nutrition. Covid-19 has highlighted the need for good nutrition for immunity. Yet in Uganda, disease related to nutrition is common and increasing. The reasons are linked to poverty; inadequate maternal and child care owing to mothers' workload, poor access to health care and a healthy environment, and poor household food security. All these conditions affect early childhood development.
 - 41 percent of the population is undernourished.
 - 28 percent of women of reproductive age (15-49 years) are anaemic.
 - 28 percent of pregnant women are anaemic
 - 26 percent of children are underweight and below the average height for their age (stunted) which means they suffer from malnutrition.
 - 51 percent of children under five are anaemic.

- 33 children die of diarrhoeal diseases every day and can lead to stunting. Diarrhoea alone, one of three major childhood killers in Uganda, kills 33 children every day. It is caught mainly from drinking unsafe drinking water.



19. Malnutrition has many effects:

Infant and maternal mortality

- Malnutrition kills. More than 16,000 children who were born weighing less than 2.5 kg died in 2009.
- Other forms of malnutrition were associated with more than 67,500 child deaths in 2009.
- Thousands of women die of anaemia-related causes (estimated 15,000 between 2006 and 2015)

Lost agricultural productivity owing to illness/poverty

- Lost productivity of \$310 million worth of productivity per year due to the high levels of stunting,

Poor academic performance caused by malnutrition

- 19,300 children born with severe mental disabilities
- 543,000 children to be born with mild or moderate mental disabilities.

(Source: Effects of malnutrition as per UNAP 2011 - 2016, Ministry of Health).

Hygiene

20. Disease can be prevented by good hygiene. Half of all of diarrhoeal diseases and 16 percent of respiratory diseases, including Covid-19, can be avoided simply by frequent handwashing. Good hygiene requires knowledge and it requires water and detergents.



Health: Failed Government Interventions

21. The Uganda Nutrition Action Plan was to improve nutrition in women of child-bearing age (15 - 49). It was launched in 2011 when undernourishment in the population was at thirty-nine percent. By 2019 that percentage had gone up to forty-one percent.
22. The second major intervention was the District Health Project (closed in 2002), a study to demonstrate a way to increase the quality and coverage of health services in the districts. The deliverable was supposed to be a national health insurance plan. Nearly twenty years later Uganda still has no national health insurance scheme in place. Meanwhile we were left with the bill for the study of \$65,300,000 owed to the World Bank.

Nutrition: The Uganda Nutrition Action Plan (UNAP)

2011 - 2016

Cost: \$62,159,000 (Shs. 161,614 million)

Objective: To reduce malnutrition in women of reproductive age, infants, and young children. It was expected to increase physical and intellectual economic productivity.

Uganda has signed a number of international agreements on nutrition but undernourishment continues to rise and malnutrition remains high.⁴

District Health Project Report Date, September 22, 2002

Cost: US\$65.3 million.

Funding: Loan: US\$45 million, Co-financing: US\$17.5 million.

Partners: KfW, SIDA

Objectives:

1. "To improve the health status of the Ugandan people, through pilot-testing and demonstration of the feasibility of delivering an essential health services package to District-level populations, within a prudent financial policy framework for the sector."
2. To improve the quality and quantity of public health care services. A new health care financing scheme was to be designed and pilot-tested before being demonstrated in selected districts.

Project Outcomes according to a World Bank evaluation

1. Expected improvements in service delivery and health outcomes were not realized.
2. The Project was "unsuccessful in demonstrating the feasibility of delivering an essential health services package. There was no evidence that the Pilot and Demonstration districts had better health gains than other districts."
3. Over the life cycle of the project, the population migrated towards private health care providers [abandoning public sector healthcare.]

Project Shortcomings

- An unrealistic time-table which resulted in the pilot having to be abandoned and merged with the demonstration phase. The project therefore did not have the benefit of pilot-testing.
- There was a shortfall in co-financing.
- None of the new health care financing schemes designed under the project was found to be appropriate and government cancelled cost-sharing.
- There was a lack of a monitoring and evaluation framework, no performance targets were identified.

The evaluator's comment shows that the errors originated in the World Bank:

"Prior project lessons warned against complex projects such as this (emphasis added). Design had unrealistic timetables and omitted M&E framework; failure to restructure at mid-term review, little appreciation of political economy of reform program; failure to ensure commitment of partners led to financing shortfall; and unplanned expenditures undermined project implementation."

1. In Uganda today, thirty-five years after the last 'revolution' and fifty-nine years after Independence, even primary healthcare services are limited and of uncertain availability and quality. In recent years, specialised health services have been privatised and are available for fees most citizens cannot afford. Mulago National Referral Hospital, once free to citizens and non-citizens alike is now the private Specialised Hospital, Mulago. The new Lubowa Specialised hospital (the second most expensive in the world) is private and targets health tourists.
2. As a result, a large proportion of the population is vulnerable. In fact, seventy-five percent of the population would be financially ruined if they were to require specialised surgery (i.e. they are at risk of catastrophic expenditure on their health). The majority of Ugandans do not have access to specialised healthcare.

Fifty percent of the disease burden in Uganda is made up of communicable diseases although non communicable diseases (NCDs) are rising. About Forty-five percent of hospital admissions are for NCDs such as hypertension and diabetes.

3. The bulk of the disease burden falls on women as carers.

Uganda's investment in health care has fallen sharply since 2010. 45 percent of it is funded by donors.

- Fewer and fewer people are making use of the public health system because of the quality of the services available, many resort to traditional or alternative remedies. For example, only forty-four percent of lower income groups received pre-natal care while 88 percent of the high income women received pre-natal care.
- 60 percent of children collect water from a source 30 minutes away. (WASH - Unicef)
- 38.9 percent of the whole population has access to basic drinking water services
- There has been a sharp rise in non-communicable diseases such as diabetes and hypertension. These account for forty percent of hospital admissions.

4. These are vulnerable people. Inequality between the well-off and the vulnerable is growing. In the poorest region poverty runs at over sixty percent while in the most affluent it is six percent.

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Health outcomes

17. A Health Services Sector Review described Uganda's health service as "characterised by morbidity (sickness) and avoidable death."
18. Two major health projects aimed at two major health problems - malnutrition and health insurance - failed abysmally. One of the causes was government's failure to invest its share of the project funding.
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¹ REVIEW AND RESTRUCTURING OF HEALTH FACILITIES IN LOCAL GOVERNMENT SEPTEMBER, Ministry of Public Service, 2019

² Health Sector Development Plan 2015/16 – 2019/20.

³ REVIEW AND RESTRUCTURING OF HEALTH FACILITIES IN LOCAL GOVERNMENT SEPTEMBER 2019

⁴ International Conference on Nutrition, 1992 • World Food Summit, 1996• Declaration on the Millennium Development Goals, 2000, and the follow-up summit in 2010• Scaling Up Nutrition Initiative • International Covenant on Economic, Social and Cultural Rights• Convention on Elimination of All Forms of Discrimination Against Women • International Health Partnerships and related initiative • African Regional Nutrition Strategy of the African Union

⁵ REVIEW AND RESTRUCTURING OF HEALTH FACILITIES IN LOCAL GOVERNMENT SEPTEMBER, Ministry of Public Service, 2019

⁶ REVIEW AND RESTRUCTURING OF HEALTH FACILITIES IN LOCAL GOVERNMENT SEPTEMBER 2019