RIGHT TO HEALTH

During its last Universal Periodic Review in 2011, Uganda received fifteen recommendations related to the right to health. These included improving health indicators; raising the health care budget in line with the Abuja Declaration; and introducing a health insurance scheme for the poor. Despite some overall improvements on health indicators, underfunding to the sector means quality healthcare remains unaffordable and inaccessible to many.

UGANDA HAS HIGH RATES OF DEATH FROM PREVENTABLE CAUSES. Uganda continues to face a high burden of unnecessary death and disability from preventable causes. The top causes of premature death overall—HIV/AIDS, lower respiratory infection, and malaria—are all preventable with quality care (MoH, 2015b). For children under five, malaria, pneumonia, and anemia are the leading causes of death – again, all preventable with proper care (MoH, 2015a). Malaria is also a factor in 36% of maternal deaths, anemia in 11%, and HIV/AIDS in 7% (MoH, 2013).

HEALTH OUTCOMES ARE WORSE IN RURAL AREAS AND AMONG THE POOR. A mother at the general hospital in Buliisa District is 60 times more likely to die due to pregnancy or childbirth than one in Mengo Hospital in Kampala (own calculation, based on MoH, 2015a). Infant mortality is notably higher in the poorest quintile and a poor child is seven times more likely to contract malaria than one in the richest quintile.

Infant Mortality Rate, per 1,000 live births, for the 10-year period preceding the survey, 2011/12

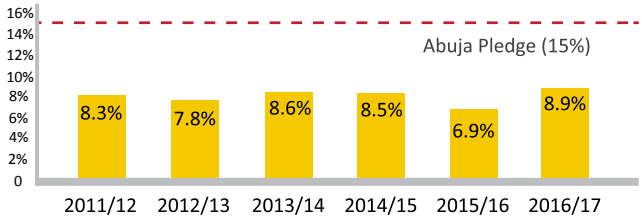
Source: UBOS and ICF, 2012

Prevalence of Malaria in children under 2 years, per 1,000, 2014/15

Source: UBOS and ICF, 2015

PUBLIC SPENDING ON HEALTH IS INADEQUATE AND INEFFICIENT. Government allocations to the health sector remain far below the Abuja Declaration target of 15% of the total budget, and have not increased significantly since 2011.

Budget Allocation to Health (% of total budget), 2011/12-2016/17

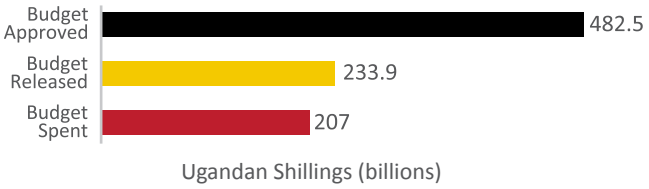


Source: MFPED, various years

Total Health Expenditure (THE) is only 1.3% of GDP, far below the government's target of 4% (MoH, 2015b). Government contributes a mere 15% to THE, compared to 37% by households and 45% by donors, according to the most recent government data (MoH, 2015a).

There are also concerns about how efficiently resources are being used. In recent years, roughly half (45%) of the allocated health budget has not been released for spending and of the budget actually released, nearly 15% goes unspent (MFPED, 2016).

Health Sector Budget, amounts approved, released and spent (in UGX billions), 2015/16



Source: MFPED, 2016

According to the Ministry of Health's Annual Health Sector Performance report, in addition to increasing the government contribution to health , accountability and leadership at all levels of the health system also need to be improved (MoH, 2015b).

LIMITED FINANCING OF HEALTH CARE AFFECTS THE QUALITY OF HEALTH SERVICES. Many health facilities, particularly in rural areas, lack essential medicines, necessary staff, and are not offering care in line with clinical guidelines.

In 2014/15, 64% of facilities reported no stock outs of essential medicines; an improvement on previous years, but still well below the government target of 80% (MoH 2015b).

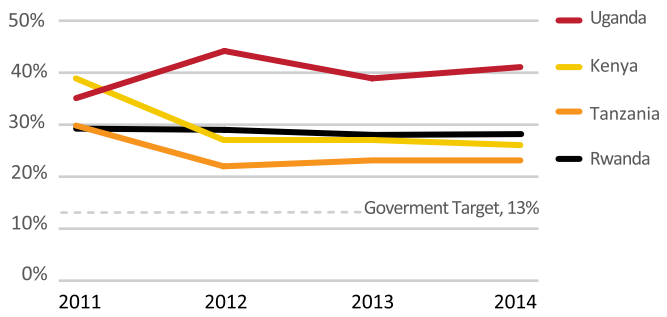
A third of all posts in the public health sector were unfilled in 2014/2015 (UBOS, 2015).

Only 36% of rural health centers surveyed by the World Bank followed clinical guidelines for essential services (World Bank, 2013).

This leads to huge disparities in access to services. For example, in 2012 only 27% of women in Karamoja, northern Uganda, gave birth in a health facility, compared to 93% in Kampala (UBOS and ICF, 2012).

OUT OF POCKET EXPENDITURE IS HIGH, MAKING HEALTH SERVICES UNAFFORDABLE FOR MANY. Households in Uganda bear a substantial financial burden for health care delivery. In 2014, out-of-pocket expenditure was more than 40% of THE in Uganda (WHO, 2014). As shown in the graph below, this is high compared to its neighbors; above the maximum of 20% recommended by WHO if households are not to be pushed into impoverishment; and far from the government's own target of 13% (MoH, 2015b).

Out of Pocket Expenditure (% of THE) 2011-2014



Source: WHO, 2014

Consequently, the proportion of people facing catastrophic expenditure leading to household impoverishment—especially among lower income quintiles—is high (MoH, 2015b). Unsurprisingly, high out-of-pocket costs disproportionately affect poor and vulnerable households, forcing many to forgo health services. For example, in 2011 71.1% of women in the poorest income quintile reported that lacking money for treatment prevented them from accessing health care (UBOS and ICF, 2012).

A NATIONAL HEALTH INSURANCE SCHEME IS URGENTLY NEEDED. One of the ways to mitigate high out of pocket costs for health is to introduce a National Health Insurance Scheme. In the 2011 UPR, the government accepted a recommendation to design a national health insurance scheme for the poor. The Ministry of Health has drafted a national health insurance bill in 2007, but it is yet to receive a certificate of financial implication from the Ministry of Finance, which is needed before the bill is tabled before Parliament.

The proposed national health insurance scheme covers persons employed in the formal sector, who will pay a mandatory premium. In time, it will be extended to provide coverage to poor and vulnerable households and the informal sector through community based health insurance schemes and 'government support to the poor and indigent' (MoH, 2015a). However, the bill does not provide adequate details how community based health insurance schemes will work or about the intersection between them, the national scheme, and private insurance. It also fails to address coverage for people with disabilities or the elderly (ISER, 2015).

RECOMMENDATIONS

Enhance efforts to reduce mortality and morbidity stemming from preventable causes such as malaria, HIV/AIDS and pneumonia, with a particular focus in reducing disparities in health outcomes.

Increase health financing to 15% of the national budget in line with Uganda's commitment under the Abuja Declaration and ensure available resources are effectively utilized to improve the quality of health care across the country.

Reduce high out of pocket health expenditures by adopting and implementing a national health insurance scheme that extends coverage to the informal sector, low income households and individuals, people with disabilities, the elderly and other vulnerable groups.

ABOUT THIS FACTSHEET SERIES

This factsheet was prepared by the Initiative for Social and Economic Rights (ISER) and the Center for Economic and Social Rights (CESR) in light of Uganda's appearance before the Human Rights Council's Universal Periodic Review in 2016. The six factsheets in this series accompany the joint submission on economic, social and cultural rights endorsed by 41 non-governmental organizations.

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