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social justice in health

BRIEFING NOTE

**TAKING STOCK OF
THE STATUS OF MATERNAL
HEALTH AND KEY HEALTH RIGHTS
ISSUES IN UGANDA**

16TH-17TH MAY, 2023

1.0 BACKGROUND

The Uganda Vision 2040 identifies human capital development as a key driver of economic transformation through harnessing of the potential demographic dividend (DD). The demographic dividend is defined as “an opportunity for economic growth and development that arises as a result of changes in population age structure which are likely to happen when fertility rates decline significantly, prompting the share of the working-age population to increase in relation to previous years”. Uganda’s Vision 2040 identifies human capital development as fundamental for development. Human capital development contributes to the National Development Plan (NDP) III’s goal of increased household incomes and quality of life through increased productivity, inclusiveness, and well-being of the population.

The Goal of the Human Capital Development Programme (HCDP) is to improve the productivity of labour for increased competitiveness and better quality of life for all.

NDP III focuses on the following outcomes¹:

- Reduced unmet need for family planning from 28 to 10%.
- Reduced teenage pregnancy rate from 25 percent in 2016 to 15 percent;
- Reduced under-five mortalities from 64/1000 live births to 30/1000.
- Uganda’s plan to focus on the above areas, among others, as outlined in the NDP III is critical. This is because the country has the second youngest population in the world, 50.3 percent of the 40 million people are below 15 years. This population growth rate poses a challenge of high dependency. The country also has a high population growth rate of 3 percent and a fertility rate of 5.4 percent. The Human Capital index of 38%² implies that, with the current state of education and health, a child born in Uganda is expected to achieve only 38% of their productive potential at 18 years.

The health of the population is a development issue. Over the next year and in the midterm, the health sub-programme seeks to achieve the following;

1. National Planning Authority: Third National Development Plan (NDP III)2020/21-2024-25

2. World Bank: Human Capital Development Index (HCI) (Scale 0-1)- Uganda

1. Expand community-level health promotion, education and prevention services in all programs to reduce exposure to communicable and non-communicable diseases.
2. Improving health service delivery, especially at lower health facilities to further decongest the referral hospitals from the provision of primary health care services, recruitment of critical cadres at all levels, functionalising the regional equipment maintenance workshop, establish regional supervisory structures and increase access to quality specialised care at regional referral hospitals.
3. Improvement of Maternal, Neonatal, Child and Adolescent Health Services with specific emphasis on functionalising theatre at health centre IVs, by equipping (fridges, power back-ups and laboratory re-agents). This is aimed at reducing Maternal and neonatal deaths.

2.0 KEY POSITIVE ACTIONS

Over the last few years, the Ministry of Health and Parliament have made a number of reforms that have set ground for the improvement of health. On the legislative front, Parliament Amended the Public Health Act to bring it in line with modern human rights practices, Parliament also passed the organ Transplant Bill and a member has been granted leave to table a private members Bill on Assisted Reproductive Technologies. Over the last year, Institutional Maternal Mortality Rates have declined from 92/100,000 deliveries in 2020/21 to 85/100,000 deliveries in 2021/22 Financial year.

Facility deliveries also increased by 8.7% over the same period.

3.0 KEY HEALTH ISSUES FOR DISCUSSION WITH MEMBERS OF PARLIAMENT

3.1 Health Financing and service delivery

3.1.1 Human Resource Challenges

Human resource for health continues to be a huge challenge for the government

of Uganda. Persistent challenges include low staffing levels, persistent strikes by health workers and absenteeism of health workers from their duty stations. The staffing level remained at 78% of the staffing norm established in 1999. In the current financial year, Parliament allocated money for the review of the human resources for Health. At this point in time, specialists and Senior House Officers are on strike while medical interns have not been deployed at their duty stations. These challenges are caused by planning and budget constraints.

Table 1: Staffing for Key Cadres at National Level

Cadre	Approved	Filled	Vacant	Filled %	Vacant %
Laboratory Staff	2199	2190	9	99.59072	0.409277
Midwifery Staff	6425	6324	101	98.42802	1.571984
Clinical Officers	3207	2897	310	90.33365	9.666355
Theatre staff	467	410	57	87.79443	12.20557
Anaesthetic Staff	395	224	171	56.70886	43.29114
Nursing Staff	22886	17698	5188	77.33112	22.66888
Doctors	2867	1627	1240	56.74922	43.25078
Dispensers	444	251	193	56.53153	43.46847

Source: Extract from the National Human Resources Health Audit 2021/22 0752866807

One of the key priorities for the Health Sub programme is the recruitment of health workers targeting specialists at Regional Referral Hospitals, Local Government Health Teams and other critical cadres. However, the Ministerial Policy statement indicates projected wage shortfalls in FY2023/24 totalling Ugx 47.9 bn: Gulu (1.7bn), Yumbe (4.9bn), Lira (1.2bn), Kiruddu (4.5bn), Soroti (0.5bn), Kabale (2.8bn), Kayunga (3bn), Kawempe (12.3bn), and Naguru (17bn new staff structure for trauma Centre)³. Improving Human Resources for Health and turning referral hospitals into centers of excellence, will contribute to a reduction in the out-of-pocket expenditure occasioned by unnecessary referrals but will also relieve National referral hospitals of unnecessary referrals. Persistent strikes by health workers continue to affect the quality-of-service delivery in public health facilities and undermine the ministry's commitment

3. Ministry of Health: Health Sub Programme Ministerial Policy Statement 2023/24 Financial Year

to the enhancement of access to specialised care for Ugandans. As part of the Ministry's plans to improve outcome performance, the Ministry intends to train more specialists to address gaps at Specialised and referable hospitals. The current strike by Senior house officers as a result of non-payment of allowance does not create an environment that motivates other in-service health workers to upgrade. These challenges are planning and budgetary in nature and need to be resolved.

3.1.2 Stockouts of Essential Medicines and Medical Supplies and Supply Chain Management

Persistent underfunding of the National Medical Stores (NMS) has negatively affected its ability to provide essential medicines and health supplies. Out of the 782.02 Bn needed in the next financial year, NMS is projected to receive 537.695 Bn leaving a funding gap of about 245 Bn shillings. This gap will affect the availability of medicines and supplies required for critical care and the attainment of health outcomes as per NDPIII. According to the FY 2020/21, National Needs Analysis and Quantification of Essential Medicines, Health and Laboratory Supplies for Public Health Facilities in Uganda, the highest funding gap is in Health center IIs (17,182,979,679/=) followed by Health Center IV (16,142,315,134/=) and then Health Center IIIs (11,657,196,600/=). Reproductive items and supplies continue to have a high funding gap at 37.7 billion shillings⁴. The absence of drugs in the lower health facilities negatively affects their functionality and leads to unnecessary referrals to higher health facilities. The average availability of a basket of 41 tracer commodities in the last quarter of 2021/22 was 78%. This is below the annual target of 90% and also a decline from the financial year 2020/21 which was 81%. In Uganda, 71.6% of Out Patients Department (OPD) attendance is at: health center III (37.8%) and health center II (33.8%). Similarly, 56% of deliveries took place at health center IIIs (47%) and IIs (9%). Therefore, there is a need to improve the quality of services at these lower local health facilities that are accessible to the majority of the population and further decongest the referral hospitals. This has the impact of straining service delivery at higher health facilities and affects their ability to provide specialized services that they ought to provide. The inability to access medicines also leads to non-adherence to the treatment regimen leading to

4. The Report of the Budget Committee on the National Budget Framework Paper for the FY 2023/24

severe illness and resistance to drugs. In addition, this leads to communities' loss of trust in the health care system.

Results of the Performance Monitoring for Action Uganda (PMA) 2022 survey reported that there was no change in contraceptive use among women in the last 2 surveys and persistently high unintended pregnancy. The survey further reported that less than half of women adopted postpartum family planning within 12 months; only half of women intending to use family planning in 12 months, adopting a method and 21% of unmet need in women followed up was due to method discontinuation. The survey reported that facilities readiness to offer Implants had improved between 2021 and 2022 but Injectables which were the most used, had the highest stock out rates. It reported a slight improvement in family planning counselling, but remains lowest for adolescents.⁵

The covid-19 pandemic proved beyond doubt that there is much more work to do in strengthening the country's Primary Health Care (PHC) and that health care services must be closer to where people stay. In February 2023, the Ministry of Health launched the first-ever National Community Health Worker Strategy (NCHWS) which should be a catalyst for re-engineering PHC if supported with resources for implementation.

Recommendations

1. Increase funding for essential medicines to respond to the existing gaps at the facility and community levels. Priority should be placed on closing the funding gap for Essential medicines and supplies for health centers IIs, III and IV amounting to 245 Bn. This would improve the functionality of these health facilities, and reduce unnecessary referrals with its associated costs.
2. Increase financing for Sexual and Reproductive Health commodities and services with an emphasis on increasing availability and access to Family Planning services.
3. Establish a robust community supply chain to address gaps at the community level through the use of Village Health Teams attached to the nearest health center II.

5 PMA Uganda. www.pmadata.org/countries/uganda

3.1.3 Absence of a public health insurance scheme

Whereas the health sector remains critically underfunded with high dependency on external funding⁶, the government has not demonstrated commitment to fast-tracking the national health insurance scheme law. The World Health Organization recognizes the important role that Health Insurance plays in the attainment of Universal Health Coverage. Achieving universal health coverage requires that the Government puts in place a Health Insurance Scheme. According to the Uganda National Household Survey Report 2020, only 3.9% of the population has access to health insurance. This means a big proportion of Ugandans are meeting health expenditures out of pocket. By increasing investment in health, households will save more and invest leading to increased household incomes and poverty reduction. In addition, more women who bear the responsibility of taking care of patients will be relieved to engage in income-generating activities.

Recommendations

1. Parliament should fast-track the enactment of the National Health Insurance Scheme Bill into law. This commitment can be demonstrated by allocating resources to enable the processing of the legal framework.
2. The Ministry of Health presents the draft bill in Cabinet and fast tracks re-tabling of the government bill in Parliament.

3.2 Young peoples' sexual and reproductive health

3.2.1 Inadequate Domestic Financing for SRHR Services and Commodities for young people

Uganda is committed to scaling up the use of modern family planning methods to ensure that every Ugandan woman can choose when and how many children to have. The COVID-19 lockdown exposed many men, women, boys and girls of reproductive age to a lot of sexual activity, with limited chances of accessing and using protection and contraceptives. These have been exposed

⁶ Annual Health Sector Performance Report 2020/21: 40% of the financial health sub programme funding was from development partners

to risks of unwanted pregnancies, Sexually Transmitted Infections (STIs) and subsequent unsafe abortions. The young people had no access to sexual-related information due to limited access to youth-friendly centers or finding no service in places where the centers existed.

The PMA/School of Public Health survey reports that nearly half of the most recent pregnancies within 5 years were unintended with more than 60% in 2020, 2021 and 2022 happening among young people between 19 – 19 years. The survey reported 51.2% of young girls and women aged 15 – 19 with no education/primary level education had ever had sex; 13.3% had sex before age 15; 27.7% were sexually active within the last 12 months and 28.5% had ever given birth or been pregnant. Although the figures for those with secondary/tertiary education were generally lower, the same trend was reported. The survey reported that adolescent users are still disadvantaged when it comes to the percentage of current users told about the side effects, what to do about them, other methods and the possibility of switching methods.⁷

By improving the number of health structures in hard-to-reach places, the Government of Uganda strives to expand its reach and provision of services and method mix, including long-acting, reversible, and permanent methods. In spite of this, financing for reproductive health services is highly donor-dependent thus making it difficult for the sustainability of such services. SRHR commodities continue to have the highest funding gap at 37.7 Bn. Investment in SRHR services for young people is key in achieving the country's commitment to the Demographic Dividend.

Recommendations:

1. There is need to improve adolescent and youth health through; the provision of youth-friendly health services, the establishment of community adolescent and youth-friendly spaces at the sub-county level, and including the youth among the Village Health Teams (VHTs) and access to Sexual Reproductive Health and Rights (SRHR) with a special focus on family planning services and harmonized information.
2. Government needs to increase domestic financing for sexual and reproductive health for young people and monitoring access to services for the young people.

7 PMA Uganda. www.pmadata.org/countries/uganda

3.2.2 Teenage Pregnancy

A study by UNFPA (2021) found that a total of 354,736 teenage pregnancies were registered in 2020 and a total of 290,219 was registered between January and September 2021, implying an average of over 32,000 cases reported per month. Teenage pregnancy is responsible for nearly one-fifth (18%) of the annual births in Uganda. Almost half (46%) of births by teenagers are unwanted pregnancies (UNFPA-UNICEF 2019). Further, teenage pregnancy contributes to 20% of infant deaths and 28% of maternal deaths. Between 2011 to 2016, teen pregnancy increased from 24% to 25% and has, in spite of all interventions, stagnated or even increased through the Covid-19 times. Limited access to SRH information and non-responsive services at health facilities greatly contributes to this situation. The current state of teenage pregnancy has consequences on Uganda's economic growth trajectory. The country's main strategy of harnessing the demographic dividend is built around ensuring that adolescents are healthy, properly educated and appropriately skilled to take up jobs that will be created in the economy as per National Development Plan III. The cornerstone of this strategy is rapid fertility decline, arising from young people delaying marriage and childbirth as they complete their education and build their careers, which will trigger the age structure transformation. Teenage pregnancy will undermine this strategy if no action is taken to reverse the current state of teenage pregnancy. The cost of inaction is grave, 64% of teenage mothers not complete primary education level, government will continue to spend 645 Bn on health care for teenage mothers and education of their children⁸.

Recommendations:

1. Government takes a bold decision to finance and fast-track the implementation of the National Sexuality Education Framework in its totality, pass the guidelines for out-of-school sexuality education and invest resources in their operationalisation through a multi-sectoral approach.
2. Improving adolescent health through fast-tracking of the approval, financing and implementation of the Adolescent Health Policy and other related policies.

8 UNFPA: Teenage pregnancy in Uganda: The cost of inaction, 2021

3. Hold the executives accountable for endorsing the East and Southern Africa Inter-Ministerial Commitments on the Education, Health and Well-being of adolescents and young people.

3.4 About Self Care in Uganda

The World Health Organization (WHO) defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider. Although communities have been practicing self-care for centuries, the momentum for self-care grew midway through 2019, when WHO launched the WHO Consolidated a guideline on Self-Care Interventions in Health for Sexual and Reproductive Health and Rights.

For Uganda, the introduction of the guideline kick-started the process of structuring self-care and introducing it within the existing healthcare system. This has been achieved through a multi-sectoral forum involving collaborations with the Ministry of Health (MoH), WHO, development and implementing partners. To contextualize this, the Ministry of Health consolidated and drafted a National Guideline for Self-Care Interventions for SRH, that is well suited to the context in Uganda. This national framework provides guidance for facilitating delivery and the actual practice of SRH self-care for a range of self-care interventions under the areas of; i) Antenatal Care; ii) Family Planning; iii) HIV and STIs; and iv) PAC.

To establish the practicability of the guidelines, identify and resolve potential issues related to the practice of self-care like quality assurance, continuity of care, acceptance of self-care and whether it is complimenting the health system, the MoH collaborated with the Mukono district health team to test-implement the guideline. This entailed training health providers from selected public and private health facilities on the self-care guideline, innovating data management and continuity of care approaches and popularizing self-care to create awareness across communities.

The self-care for SRH programme is premised on the fact that the right to health requires a fundamental transformation in our health systems, through

embracing innovative strategies that go beyond traditional health sector responses in order to contribute to the realization of the Universal Health Coverage (UHC). Self-care interventions are among the most revolutionary approaches to improve health and well-being, both from a health systems perspective and for women and girls. Global initiatives, including advancing primary health care (PHC) with the new Declaration of Astana (2018) through effective, equitable, efficient and People centeredness; Self-care requires a holistic approach to the care of each person, taking into account their individual circumstances, needs and desires across their whole life course, as well as the environment within which they live. Covid-19 taught us that individuals and communities can take care of their own health if well supported by the health system, with information, digital technological transformations, among others. Benefits of Self-care to individuals' health and systems

- Self-care interventions offer a strategy to reach people with quality SRH services and information. SRH self-care interventions enable individuals to access and utilize SRH information, products and services without fear of judgement, discrimination or experiencing stigma.
- They increase confidentiality, eliminate barriers to access, improve individuals' participation in decision-making regarding their own SRH, especially among vulnerable populations like the young people, the elderly, persons with disabilities, among others.
- Self-care has the potential to increase the population's knowledge and understanding of SRH, which benefits their overall health and well-being.

On the other hand, self-care eases the burden on the already stretched health system and enhances efficiencies in handling critical health issues. For instance, the management of the Covid19 pandemic resulted in the reassignment of a significant portion of health providers to Covid19 case management, hence reducing the bandwidth of skilled human resources.

Recommendation

1. The country's progress on the self-care for SRH initiatives and the draft of national guidelines has been made with external support. Government

should allocate financial resources towards the finalisation, launch and implementation of the National Guideline for Self-Care for SRH and this could be a catalyst for Uganda's efforts to eliminate HIV/AIDS by 2030.

Thank you for your attention

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CENTER FOR HEALTH, HUMAN RIGHTS & DEVELOPMENT



Plot 4008, Justice Road,
Canaan Sites, Nakwero,
Gayaza - Kalagi Road.



Tel: +256 200 - 956006
Tel: +256 414 - 532283
Toll free - 0800 300 044

P.O. Box 16617, Kampala.



info@cehurd.org



www.cehurd.org



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