

A BRIEFING NOTE

FOR MEMBERS OF PARLIAMENT ON KEY HEALTH AND HUMAN RIGHTS ISSUES

**This Briefing Note on Health and Human Rights in Uganda is produced by
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Acronyms

CSOs	Civil Society Organisations
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HCWs	Health Care Workers
MMR	Maternal Mortality Rate
MOH	Ministry of Health
PPE	Personal Protective Equipment
RMNCAH	Reproductive, Maternal, New born, Child and Adolescent Health
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
WHO	World Health Organisation

1.0 Introduction

Uganda is one of the countries which committed to the realisation of the 17 Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 by 2030. The SDGs are integrated and recognise that action in one area affects outcomes in others and that development must balance social, economic and environmental sustainability. Countries committed to prioritise progress for those who are furthest behind by pledging to “Leave No One Behind”. They pledged, among other critical areas, to bring HIV/AIDS and discrimination against women and girls to zero. Uganda was among the first countries to develop a national development plan in line with SDGs and adapted these to the national context, extending these to the sub-national development plans.

Among the SDGs is Goal 3, which is good health and well being. Multisectoral, rights based and gender-sensitive approaches are essential to address inequalities and to build good health for all.² Universal Health Coverage (UHC) is central to the realisation of SDG 3. According to the World Health Organisation (WHO), UHC means that all people have access to the health services they need (prevention, promotion, treatment, rehabilitation and palliation) without the risk of financial hardship when paying for them.³ Additionally, African states including Uganda committed to allocating 15 per cent of their government budgets to health in the Abuja Declaration of 2001 because more resources were required to address the pressing health challenges of the day, including HIV/AIDS, Malaria and Tuberculosis.⁴ It is the obligation of the Government to translate these commitments towards the realisation of good health and well-being for all people by advancing UHC, and the role of Parliament is critical. The support from development partners, non-governmental organisations, faith-based organisations, civil society organisations, private institutions, research institutions and academic institutions is also essential.

This retreat with Members of Parliament provides a platform to reflect on the country’s commitments on the SDGs, and more so UHC and the Abuja Declaration with a focus on the key health and human rights issues requiring attention. Critical among these are: status of key health laws, policies, strategies and Parliamentary resolutions; the Covid-19 Pandemic; health financing; sexual and reproductive health and rights (SRHR) issues; access to and quality of health services; safety in health facilities, and issues pertaining to the healthcare workforce.

1 UNDP. Sustainable Development Goals. <https://www.ug.undp.org/content/uganda/en/home/sustainable-development-goals.html>

2 UNDP. The SDGs in Action. <https://www.undp.org/sustainable-development-goals>

3 World Health Organization. Questions and Answers on Universal Health Coverage. <http://www.who.int/contracting/documents/QandAUHC.pdf>

4 Abuja Declaration on HIV/AIDS, Tuberculosis and Other related infectious Diseases, April 2001. <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>

2.0 Key Health and Human Rights Concerns and Recommendations

2.1 Status of key health laws, policies and strategies

For the country to realise good health and well-being for all people in their diversities, and without leaving anyone behind, there is need to have progressive policies and laws that are human rights based and gender sensitive.

Several progressive health related laws, policies, strategies and resolutions were passed by Parliament. These include:

- The 2019 Parliamentary Resolution that urges Government to establish and implement laws, policies, strategies and guidelines aimed at eliminating child marriages and teenage pregnancies
- The 2011 Parliamentary Resolution urging Government to institute measures to address maternal mortality and other matters incidental hereto, recognising that the loss of a mother shuts a family and threatens the well-being of the surviving children and husband
- The 2021 Parliamentary resolution urging Government to develop and enforce policies and strategies to protect girls against escalating cases of teenage pregnancies and child marriages during and after the Covid-19 pandemic⁵
- The National Sexuality Education Framework which was passed in 2018 is yet to be operationalised.

The challenge for the 11th Parliament is to ensure the implementation of the above, for example by tasking the relevant Government line ministries and agencies to periodically update Parliament on implementation and ensure budget allocation and utilisation.

Several laws, policies and strategies were advanced by the 10th Parliament pending final approvals. These include:

- The National Sexual Offences Bill, pending revision as directed by the President
- The National Health Insurance Bill, pending Presidential assent
- The National School Health Policy, which has been under development for more than 20 years
- The National Adolescent Policy, which is under development at the ministerial level

⁵ UNFPA Uganda, April, 2021. Parliamentarians pass motion to end teenage pregnancies and child marriages.

- The Public Health Act, which is outdated and punitive, and needs to be amended to address the present day public health challenges that include pandemics and climate change
- The Penal Code Act is ambiguous on a number of health issues, such as the application of safe and legal abortion.
- National Palliative Care policy

It is critical for the Parliament to fast track the finalisation of these laws and policies.

2.2 COVID-19 Pandemic and emerging issues for attention

The unprecedented Covid-19 Pandemic has exposed the fragilities within our health system. This has been largely as a result of years of neglect and underfunding. The Covid-19 pandemic has brought the challenge of access to quality health services and commodities into focus, clearly demonstrating inequities in the healthcare system, and especially among the most vulnerable. Arising from the pandemic, we have witnessed the shortage of affordable Oxygen therapy; limited number of critical care medical professionals; and the limited capacity within the public health system to effectively respond to a pandemic of this magnitude. While the pandemic has ravaged the health system, it provides an opportunity for Uganda to build back better. It provides a watershed moment for health emergency preparedness and for investment in critical 21st century public health services. This includes effectively planning for medical emergencies and prioritising health sector financing.

2.2.1 The Oxygen crisis

Medical Oxygen is the single most important medicine for treating patients with Covid-19 as well as people with other critical conditions such as severe pneumonia, malaria, sepsis and meningitis, obstetric, and neonatal conditions, among others. Although Government has made efforts to address this problem in recent months, and with support from development partners, the sustained implementation of the National Scale up of Medical Oxygen Implementation Plan 2018-2022⁶, continues to be critical.

2.2.2 Exorbitant treatment and management costs

Exorbitant costs of Covid-19 treatment and management have driven patients and their families into catastrophic health expenditures. Available options have come with financial exploitation of patients and families by private healthcare suppliers/providers, who focus on profit margins. In July 2021, the Court ordered the Government to make regulations on fees chargeable by hospitals managing and treating Covid-19 patients.⁷ It is therefore urgent that the Parliament engages the Minister of Health and the Medical and Dental Practitioners Council on the implementation of this Court Order.

6 Ministry of Health. National Scale up of Medical Oxygen Implementation Plan 2018 – 2022. <https://www.health.go.ug/cause/national-scale-up-of-medical-oxygen-implementation-plan-2018-2022/>

7 CEHURD. <https://www.cehurd.org/cehurds-statement-in-victory-for-health-rights-ugandas-high-court-orders-government-to-regulate-covid-19-treatment-costs/>

2.2.3 The well-being of healthcare workers

Healthcare workers (HCWs) at the heart of the unparalleled crisis of Covid-19, face challenges treating patients with the virus: reducing the spread of infection; developing suitable short-term strategies; and formulating long-term plans. HCWs must also continue to successfully treat non-Covid patients and maintain personal responsibilities, including taking care of their families and themselves. Research has indicated that the psychological burden of HCWs has heightened showing high rates of burnout and psychological stress.⁸ The lack of personal protective equipment (PPE) leading to their infection and disability and/or death and/or that of their family members; poor and delayed pay; huge amounts of workload stretching into long work hours; and a lack of dedicated medical scheme for the healthcare workers have been realised in Uganda. Deliberate efforts need to be taken by the Government to enhance the well-being of healthcare workers, and a motion needs to be tabled before Parliament on this issue.

2.2.4 Continuity of other essential health services

Covid-19 has affected the continuity of essential health services delivery, access and uptake in Uganda with most of the indicator numbers on maternal, newborn and child health; Tuberculosis and HIV going down.⁹ Some of the measures implemented by the national Covid-19 response disrupted the supply chain and healthcare service delivery system, drawing away Government attention from other diseases, including HIV/AIDS, non-communicable diseases and reproductive, maternal, new born, child and adolescent health (RMNCAH). Lessons from Covid-19 should be used to ensure a more resilient health system that responds to the health needs of all people, even in emergency situations.

2.2.5 Public access to information on Covid-19

There are also concerns about access to Covid-19 related information including on: treatment and management, vaccination and side effects, among others. Whereas access to information on health care is crucial for the realisation of the right to health, there is a lack of systematic and consistent provision of information specifically about Covid-19 vaccination and vaccine hesitancy is still a reality. There is still unknown information to the public on Covid-19 that needs to be provided. Members of Parliament can be champions and channels of information to the public, including their constituencies.

2.2.6 Addressing the psychosocial impact of Covid-19

The psychological impact of Covid-19 and measures for its management will continue to impact on the population for a long time, including the many young people who continue to lose years of school as well as face other health risks such as teenage pregnancies. Psychosocial support services need to be strengthened to address this issue. This can be realised through multi-sectoral and multi-disciplinary approaches as part of the national response, including the full participation of communities; the young people, CSOs, researchers, academia and private sector.

8 Shreffler J., Petry J., and Huecker M. The Impact of Covid-19 on Healthcare Worker Wellness: A Scoping Review. *West J Emerg Med.* 2020 Sep; 21(5): 1059–1066. Published online 2020 Aug 17. doi: 10.5811/westjem.2020.7.48684

9 Ministry of Health, Uganda. The effects of the COVID-19 pandemic on the continuity of essential health services delivery, access, and uptake in Uganda. <http://library.health.go.ug/publications/disease-surveillance-outbreaks/effect-covid-19-pandemic-continuity-essential-health>

2.2.7 Accountability for Covid-19 related funding

Accountability for Covid-19 related funding is critical for maintaining public confidence in the raft of measures put in place by the government to control the pandemic. Reports by the Ministry of Finance and Auditor General into the use of resources meant for Covid-19 response points to a number of accountability related challenges. The monitoring of use of the financial resources obtained from the different sources is a responsibility of the Parliament. Table 1 outlines some of these resources and the source.

Table1: Covid-19 funding and the sources

SOURCE	RECEIVED (UGX)	PIPELINE (UGX)	TOTAL (UGX)
Government of Uganda/Ministry of Health (GOU/MoH) as of 30 th June 2020	119,188,234,110	89,000,000,000	208,188,234,110
Government of Uganda (GOU)/World Bank (WB) Contingency Emergency Response Component	55,500,000,814	-	55,500,000,814
Islamic Development Bank	51,023,000,000	-	51,023,000,000
GFATM- Global Fund to Fight AIDS TB and Malaria	28,033,934,300	-	28,033,934,300
GAVI - Global Alliance for Vaccines and Immunisation	10,418,249,100	-	10,418,249,100
GFATM C19RM- Global Fund to fight Aid, TB and Malaria Covid Response Mechanism	-	69,624,983,100	69,624,983,100
WB UCREPP -uganda covid19 response and emergency preparedness project	-	56,561,515,200	56,561,515,200
TOTAL	264,163,418,324	215,186,498,300	479,349,916,624

SOURCE: Ministry of Finance Monitoring Report, 30th June, 2020.

2.3 Health Financing

2.3.1 Budget allocation to Health

Uganda continues to have the lowest expenditure on health as a percentage of the national budget when compared to three East African countries of Kenya, Rwanda and Tanzania. Currently, Uganda's health budget is at 5.1 per cent of the national budget, which is way below the 15 per cent Abuja commitment by African countries. Over the last five years, the budget for the health sector has dwindled from 8.9 per cent in 2016/17 to six per cent in 2020/2021 and 5.1 per cent in the current 2021/22 financial year.

Table 2 shows a comparative analysis of domestic financing for health across four East African countries.

Table 2: Africa Scorecard on Domestic Financing for Health, 2019¹⁰. Accessible:

Parameter	Uganda	Rwanda	Kenya	Tanzania
Expenditure on health per capita Recommended is USD 86.3	USD 6	USD 16	USD 24	USD 14
Expenditure on health as percentage of GDP Recommended >5%	1%	2.3%	1.6%	1.7%
Spent on health as a percentage of national budget Recommended >15%	5.1%	8.9%	6.1%	9.5%
Out of pocket expenditure on health – patients and families Benchmark – below 20% (anything above is catastrophic expenditure)	40.4%	6%	28%	23%
Government expenditure on health	15%	24%	32%	34%
Expenditure by development partners	42%	70%	40%	43%
UHC Service Coverage Index	45%	57%	55%	43%

In the 2021/22 Financial year, the health sector had unfunded priorities rise in excess of one trillion shillings compared to slightly over 300 billion shillings in the previous financial year¹¹. This low funding has translated into poor quality health delivery standards and inability to meet sector commitments, at a time when the country is grappling with a deadly pandemic.

A national needs analysis and quantification for public facilities, indicates that there is a massive gap in the availability of medicines and health supplies.¹²In 2019/20 FY, the needs analysis by National Medical Stores showed that there was a medicines funding gap for of 61 per cent in health centre II, 56 per cent in health centre IV, 32 per cent in general hospitals. This means that health centre IIs are running with only 39 per cent of the drugs they need while health centre IVs are operating with only 44 per cent of the drugs they need.

10 African Union and The Global Fund. Africa Scorecard on Domestic Financing for Health, 2019. <https://scorecard.africa/viewcountry/UG>

11 Health Sector Ministerial Policy Statement 2021/22 Financial Year

12 FY 2019/20 National Annual Needs analysis and quantification for Public health facilities in Uganda

Out of pocket payments and contributions by health development partners contribute a substantial amount of finance for health service delivery. The high cost of out-of-pocket payments leads to financial hardships for many patients and their caretakers often leading to long term indebtedness and as a result. It is therefore the least desired form of paying for health care. This is due to the fact that there is no pooling of risk and cross subsidisation between individuals with varying health care needs. Individuals with greater healthcare needs bear the heaviest financial burden, irrespective of their ability to pay. As such, there is no equity in paying for health care. Out-of-pocket payments also expose households to the risk of catastrophic expenditures.

This is a situation where a household spends a large proportion of income on health care, at the expense of other needs such as clothing and education for children. Evidence from various studies suggests that the incidence of catastrophic expenditures in households increases significantly when out-of-pocket expenditure exceeds 15 per cent of total health expenditure. It is therefore quite likely that households, whose out-of-pocket expenditure is above the 15 per cent of total health expenditure, could be experiencing financial catastrophe with impoverishing consequences. In the case of Uganda, it is currently estimated that total annual health expenditure is 7.5 trillion. Of this, 15 per cent is from government funding, 42 per cent from donors and 40.4 per cent from individuals (out of pocket). Over the years, statistics indicate an increase in out of pocket expenditure from 37 per cent in 2013 to 41 per cent in 2019/2020.

The NRM manifesto 2021-2026 places emphasis on improving Universal Health Coverage (UHC) from 44 per cent to at least 65 per cent. The party also aims for improved functionality of health facilities by having necessary equipment and personnel to operate them. NRM's policy on health relies, first, on primary health care and secondly, on curative health care. In primary health care, the party emphasises immunisation, screening and maintaining and improving reproductive, maternal, neonatal, child and adolescent health services. To achieve this, the government needs to invest in the health sector.

According to the WHO, Universal Health Coverage (UHC) means that “all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. This is, however, unachievable where out of pocket expenditure is at the current 41 per cent.

2.3.2 Health Insurance Scheme

The passing of the National Health Insurance Scheme Bill 2019 by parliament provides a glimmer of hope in enhancing access to health services. As can be demonstrated by the Rwandan experience, health insurance is instrumental in increasing access to health. By 2015/16, the health insurance cover in Rwanda had a coverage of 86.1 per cent. In the East African region, Uganda has the lowest health insurance cover at just two per cent while Kenya has 18 per cent coverage. The World Health Organisation recognises health insurance as imperative if countries are to achieve UHC.

2.4 Sexual and Reproductive Health and Rights (SRHR)

While Uganda has expressed its commitment to improving maternal health with the goal of reducing mortality and morbidity, and described the current Maternal Mortality Rate (MMR) as “unacceptably high,” reproductive health services are still severely underfunded. The failure to provide sufficient funding to the health sector, which would also have an effect on maternal health services, demonstrates a corresponding failure to prioritise maternal health issues, which results in insufficient antenatal, delivery, and postpartum care. Despite government efforts, Uganda remains a country with a relatively high Maternal Mortality Ratio (MMR) estimated at 336 per 100,000 live births and is one of the countries lagging behind in attaining Goal 3 of the Sustainable Development Goals of reducing MMR to less than 70 by 2030.

2.4.1 Judgment in Constitutional Petition No. 16 of 2011

In March 2011, CEHURD and three others filed a petition in the Constitutional Court challenging the failure of the Government to provide basic maternal health care services in public health facilities. In August 2020, the Constitutional Court delivered a Judgement where it declared that the failure of Government to provide adequate maternal health care services in public health facilities violates the rights of women, the right to health and right to life. The declaration also noted that the failure to provide adequate emergency obstetric care services that results in obstetric injury violates the freedom from cruel, inhuman and degrading treatment guaranteed in the Constitution.

Court also issued Orders against Government and the Minister of Health which include:

- Government to prioritise and provide sufficient funds for maternal health care services in the Financial Year 2021/2022;
- Equip health facilities providing maternal health care services in the next two financial years (FY 2021/22 & 2022/23);
- Train all health workers providing maternal healthcare services, and develop and submit to Court and Parliament a maternal audit report highlighting the situation of maternal health in the country.

Additionally, in 2011, the parliament of Uganda passed a parliamentary resolution urging government to institute measures to address maternal mortality and other matters incidental hereto, recognising that the loss of a mother shatters a family and threatens the wellbeing of the surviving children and husband. This parliamentary resolution has not been fully implemented since 2011, yet women continue to die to due to preventable causes

2.4.2 Teenage pregnancies/Young people’s access to Reproductive Health Information and services

Young people often lack access to reproductive health information and services, making them vulnerable to risks to their life and health due to early pregnancies and sexually transmitted infections. Where

young people are not provided with sexuality education, it hinders the realisation of their human rights by inhibiting their knowledge about, and access to sexual and reproductive health services. Research has revealed that only half of sexually active adolescents in Uganda receive sexuality education in school. Thirty nine per cent of girls and 38 per cent of boys attend schools that do not provide any type of sexuality education. The lack of information and services contributes to high rates of teenage pregnancy, causing Uganda to have one of the highest teen pregnancy rates in the world. Adolescent pregnancy is of particular concern due to the association between young maternal age and the greater risk of maternal mortality and morbidity, and pregnancy related complications.

To address the challenge, the government proposed a number of policy actions but unfortunately, these have not seen the light of day in terms of implementation. The National School Health Policy has been shelved now, for close to 20 years. The Adolescent Health Policy has been pending before the ministry of Health since 2017 and the Sexuality Education Framework has not been implemented since 2018 when it was passed. The SRHR Policy guidelines and service standards have not been implemented by the government.

2.4.4 Access to Blood

Haemorrhage continues to be the leading cause of maternal death, contributing 42 per cent of all deaths reviewed, with postpartum haemorrhage contributing to 90 per cent of all haemorrhage cases reported. Thirty per cent of maternal deaths occurred among young mothers under 24 years who should have been in school. Teenage pregnancy contributes up to 10 per cent of all maternal deaths. It is estimated that currently, 8,400 mothers are being unnecessarily referred to regional referral hospitals because the health centre IVs lack the capacity to perform obstetric care due to the lack of blood supplies. Installation of blood fridges at health centre IVs would allow these patients to receive onsite care and reduce unnecessary referrals, saving time and effort of specialised medical staff at the regional hospitals, and reduce transportation costs.

In the 2021/22 Financial Year budget, five billion shillings meant to improve blood collection, processing and distribution remained as unfunded priority in the health sector budget. The number of health centre IVs offering caesarean and blood transfusion in 2019/2020 stood at 51 per cent against the Health Sector Development Plan target of 60 per cent. A total of 63 health centre IVs conducted Caesarean section without blood transfusion services and 38 health centre IVs did not provide any emergency obstetric care services in 2019/20.

2.4.5 Commitments to Gender Equality

In July 2021, the Government of Uganda participated in the Generation Gender Equality Forum in Paris, France, which was a global gathering for gender equality convened by UN Women and co-hosted by the governments of Mexico and France, in partnership with youth and civil society.

Among the key commitments states made at the Forum are:

- Eliminate all forms of Gender Based Violence (GBV) as reflected in the enactment of several legislation such as the Domestic Violence Act 2010, the prohibition of female genital Mutilation Act 2010, the Prevention of trafficking in persons 2009, Succession Amendment Act 2021, Employment Act 2006, Penal Code amendment Act 2007 and the Gender based violence Policy for Uganda.
- Promote Women's Economic Empowerment through multi-faceted programs that combine skilling, access to market information, innovative and time saving technologies, affordable credit and financing services including the establishment of the Women's Entrepreneurship Fund, and other productive resources to enable women entrepreneurs expand their businesses into medium and large scale enterprises.

These are reflected in the Global Acceleration Plan which must be implemented and monitored.

2.4.6 Self-care

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

Realising the right to health requires a fundamental transformation in our health systems, through embracing innovative strategies that go beyond traditional health sector responses contribute to the realisation of 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 with the Declaration of Astana (2018) through effective, equitable, efficient and sustainable means.

The outbreak of Covid-19 and its impact on health care systems and the containment measures implemented by the government, which include, among others, things a ban on both private and public means of transport has left majority of the populations unable to timely access health care which more than ever has necessitated the need to embrace approaches like self-care. Parliament needs to amend the National Drug Policy and Authority Act Cap 206 to include self-care- including entrusting the National Drug Authority with the mandate to develop a self-care medicines list.

Table 3 of Scope of self-care interventions in Uganda as stipulated in the National Self Care Guideline.

	Antenatal Care (ANC), Delivery, Postpartum and Delivery	Family Planning (FP)	Sexually Transmitted Infections (STIs)	Management of unsafe abortion
Self-awareness	<p>Specific Information package,</p> <ul style="list-style-type: none"> ● Post Partum Family Planning (PPFP), ● Gender specific considerations 	<p>Specific information per age group, gender specific</p>	<p>Specific information per age group, gender specific</p> <ul style="list-style-type: none"> ● Preventive Measures 	<p>Specific Information package</p>
Self-testing	<p>Random Blood Sugar (RBS)</p> <ul style="list-style-type: none"> ● Urine Dipstick ● Rapid diagnostic Test Kit for Malaria (RDT) ● Human Immunodeficiency Virus (HIV) self testing for both Men and Women 	<p>Home Based Ovulation Predictor Kit</p> <ul style="list-style-type: none"> ● Pregnancy Test 	<p>Human Immunodeficiency Virus (HIV) self testing</p> <ul style="list-style-type: none"> ● Human papilloma Virus (HPV) Self sampling ● Neisseria Gonorrhoeae and Chlamydia trachomatis self sampling ● Treponema Pallidum (Syphilis) and Trichomina Vaginalis self sampling ● Sexual and Gender Based Violence (SGBV) Kit self sampling 	
Self Management	<p>Folic (pre-conception care)</p> <ul style="list-style-type: none"> ● Iron (Fe)/Folic (in Pregnancy) ● Expanded clean delivery kit including Misoprostol ● Magnesium trisilicate ● Treated Mosquito nets ● Exercise ● Nutrition 	<p>Self Injection (DMPA SC)</p> <ul style="list-style-type: none"> ● Oral Contraceptive Pills over the counter with 1 year supply ● Management of contraceptive side effects ● Condoms ● Cycle Beads 		<p>Post Abortion Care (PAC)</p> <ul style="list-style-type: none"> ● Post Abortion Care Family Planning (PACFP)

2.5 Healthcare workforce issues – Human resources for health

According to the Annual Health Sector Performance report, public health sector staffing levels against the approved posts declined in 2019/2020 to 73 per cent from 76 per cent in 2018/19 financial year. Staffing levels at regional and Local Government hospitals stood at an average of 75 per cent while staffing levels at specialised health institutions like Uganda Cancer Institute, Uganda Blood Transfusion Services, Uganda Heart Institute and Uganda Virus Research Institute is also low at 52 per cent. The health worker (doctors, nurses and midwives) to population ratio is at 1.87 doctors to 1000 persons which is less than the World Health Organisation target of 2.28 doctors per 1,000 people. The limited number of health workers explains why in most cases patients find it hard to get a doctor in public health facilities.

When the government secured resources for Covid-19 response in both the first and second lockdowns, part of which was meant to recruit more medical staff, staff recruited were placed on short term contracts and were uniquely suited for Covid-19 response¹⁴. The cadres recruited included Medical Officer Special grade (Anaesthesiology), Medical Officer Special Grade (Intensive care). Given that these are short-term contracts, the health sector is likely to regress when these contracts end.

2.6 Access to and quality of health services

2.6.1 Health infrastructure

Over the years the government has prioritised expansion of health infrastructure across the country. As a result of this investment, 86 per cent¹⁵ of the population currently lives within five kilometres from a health facility. With funding from the World Bank under the intergovernmental Fiscal Transfer Programme for Results, the government upgraded 62 health centre II to health centre III. This involved enhancement of infrastructure including construction of a general ward, improvement of outpatient department, two twin staff houses, placenta pit, and a waste pit, among others. The challenge that continues to face the health sector is limited allocation for operation and maintenance to ensure that equipment and general infrastructure are maintained in an operational state. Enhanced infrastructure needs to be met with improved functionality otherwise the investment will be wasted.

2.6.2 Safety in Health Facilities

Safety of patients continues to be one of the often ignored challenges in Uganda's health system. Safety plays an important role in the daily operation of any health care facility. Safety means that there is absence of preventable harm to patients, caregivers and health workers in the process. Effective safety management not only assures employees that they have a safe working environment, but also allows patients to enjoy an atmosphere that is free from unnecessary risks and hazards. Having an effective safety programme that addresses pertinent safety issues within the facility, as well as within the community will give the administration confidence that the facility is delivering the highest quality of patient care. Evidence from the Legal Aid Clinic at CEHURD indicates the increasing cases of abuse of health workers and health users while at health facilities. Cases of sexual abuse of patients, care givers

14 <https://www.health.go.ug/2021/07/21/advert-for-emmergency-recruitment-of-health-workers-for-covid-19/>

15 Annual Health Sector Performance Report, 2019/20 Financial Year

and health workers have been reported in health facilities. Relatedly, there have been reported cases of health workers and non-health workers administering medication with disastrous consequences to the patients. While government has put in place frameworks to ensure safety, they provide moral guidance with any out sanctions for breach. As a result, there is no motivation to implement them.

2.7 Key Recommendations

- Parliament should champion the progressive realisation of the commitment to raise health budget expenditure to 15 per cent. Emphasis should be tailored towards enhancing human resources for health, increasing funding SRHR commodities and medicines, recruitment and retention of health workers, and ensuring that patients in need of blood can easily access the blood. To achieve increased financing for Health, it is imperative to ensure the president assents to the National Health Insurance Scheme Bill and operationalise the the HIV/AIDS Trust Fund
- Parliament should push for the implementation of the National Scale up of Medical Oxygen Implementation Plan 2018-2022. To ensure its implementation, parliament needs to, in the next financial year, provide resources for actualisation of this plan.
- Parliament makes follow-up with the Ministry of Health to implement the Court Judgment requiring the regulation of the high costs of Covid-19 treatment and management.
- Parliament considers the reengineering of Uganda's social welfare services using lessons from Covid-19, including having accurate data on those living below the poverty line who should benefit from initiatives such as the Covid-19 relief fund.
- Parliament follows up with the assenting of the National Health Insurance Act by the President of Uganda.
- Putting in place measures to mitigate the long term psychosocial effects of Covid-19 by mobilising CSOs and respective professionals including psychologists, psychiatrists, social workers and legal aid providers to participate in the national response.
- The Parliament needs to task the Government of Uganda through the Ministry of Health to implement the orders of the Constitutional Court in Petition 16 on maternal health. These declarations include; concluding and filing the maternal audits; Increase in funding for maternal health, provision of continuous education for health, recruit additional man power and take action on established causes.
- Government empowers the communities and enhances their capacity to get involved in the fight against maternal and infant mortality, by requiring that Local Council I in the country maintain a register of pregnant women in the villages, indicating the outcome of the pregnancies and make returns to the sub county and to the district.



- Government should urgently implement the accelerated Prevention of Mother to Child Transmission (PMTCT) strategy in order to secure an AIDS free generation and also does scale up to accessibility to a complete package of quality reproductive health services that include antenatal care, delivery care, postpartum care, family planning services as well as access to comprehensive and basic emergency obstetric care services throughout the country.
- That Government convenes a national convention for the dominant voices to reconcile their stand on family planning with a view of harmonising family planning messages.
- That Parliament through its oversight mandate engages with the Honourable Minister of Education and Sports to update parliament on plans for completing the process for the development and passing of the National School Health Policy and to guide the country on the full reopening of schools. That Parliament also guides the Cabinet on the key areas of inclusion in the National School Health Policy including but not limited to effective management of teenage pregnancies, management of school health programs in times of health pandemics, and access to youth sexual reproductive health services.
- Parliament fast tracks the revision of policies and laws outlined in section 2.1.
- That Parliament demands that the Government fast track the implementation of the parliamentary resolution to end teenage pregnancies in Uganda which was passed on the floor of Parliament in August 2019.
- Parliament should ensure that amendment of key laws on health is prioritised for instance amending the Constitution to explicitly recognise the right to health. Equally, the Equal Opportunities Commission Act 2007 should be amended to expressly include that the State or private persons shall not discriminate against individuals directly or indirectly against any ground". Parliament should also fast-track the passing of the Uganda Law Reform Commission proposed amendments that cater for termination of pregnancy by the Parliament of Uganda as seen under the Penal Code Act of Uganda (Cap 120). Furthermore, the National Medical Stores Act and the National Drug and Policy Act should be amended to include penalties on theft of essential medicines and include express provisions that cater for the monitoring of medicines after supply has been effected.
- Parliament needs to amend the National Drug Authority and Policy Act to include self-care including clothing the National Drug Authority with the mandate to develop a self-care medicines list.
- Parliament holds Ministry of Gender Labour and Social Development and other relevant government line ministries accountable on the operationalisation of the government commitments on promotion of Gender Equality and eliminating all forms of gender based violence against women and girls made at the July 2021 Paris Generation Equality Forum.

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