



Ministry of Health, Uganda



East, Central and Southern Africa
Health Community

NATIONAL SYMPOSIUM FOR SCALING UP ADVOCACY FOR UNIVERSAL HEALTH COVERAGE IN UGANDA

25th -26th JUNE 2014

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1.0 BACKGROUND

Health is generally recognized as a priority sector in national development. The healthcare services needed to produce good health in the population remain diverse and call for well-supported and coordinated health systems. The need for well performing health systems continues to dominate national and international policy agenda. One key characteristic of a well performing health system is its ability to provide personal and population healthcare that is accessible when needed, whether by the poor or non-poor population without any hardships. In this regard, the concern for Universal Health Coverage (UHC) emanates from the ability by the population to access quality health services without suffering any impoverishment or incurring any catastrophic expenditure. The ECSA Health Community Member States are among the countries that have made commitments at various regional and international forums, and are party to the resolutions of the World Health Assembly; the ECSA Health Ministers Conference; the Pan African Congress on UHC; and the recent High Level Dialogue between Ministers of Finance and Health Towards and Beyond the MDGs; which urge countries to take the necessary steps to improve the coverage of health services to the population, with adequate financial protection.

In most of the ECSA member states, health systems continue to be characterized by inequities in access to services and the financing of healthcare. In the countries disparities in access to health services exist, with the rich more likely to have better access than the poor and coverage of health services also tends to be better in urban areas than the rural, where the majority of the population is based .

In addition, when people use services, they often incur high and sometimes catastrophic costs in paying for their care particularly where

this is paid out-of-pocket. In the majority of ECSA countries, out-of-pocket expenditure on health exceeds 15% of total health expenditure. Such levels of out-of-pocket spending may not only put household at the risk of catastrophic expenditure and impoverishment, but also limit their access to health care even though their needs may be greater.

The ECSA Health Community member states require additional efforts, resources and support in their bid to translate commitments into interventions as they move towards Universal Health Coverage. These efforts include among others, supporting national health actors to advocate for UHC as a vehicle to propel the various options countries have taken in the pursuit of Universal Health Coverage now and in the post 2015 global health agenda, whose major focus is the move towards Universal Health Coverage. These efforts especially at a national level would greatly facilitate health stewards, development partners and civil society organizations and other actors in resource mobilization for increased funding for the Health Sectors as they move towards achieving Universal Health Coverage.

ECSA Health Community Health Ministers have recognized that for the commitments to result into solid actions for UHC attainment there is need for a sustained multi-stakeholder dialogue,

ECSA state of the health report

Health financing in the ECSA region.

Making available the required information and a framework that can be used to monitor progress. This in turn will lead to prioritization of resources for UHC in the countries.

ECSCA Health Community obtained financial support from Rockefeller Foundation to support Member States of ECSCA Health Community, to establish advocacy mechanisms for UHC; create learning and knowledge sharing platforms at national and regional level and; develop UHC monitoring framework for the ECSCA region.

This is the report emanating from the high level national advocacy symposium organized in Uganda, whose main objective was to build momentum for the existing government options towards UHC, with a view to energize the local discourse and ultimately increase resource allocation to the health sector through establishing and facilitating country efforts in advocacy for UHC.

1.1 The specific objectives of the symposium in Uganda were to:

- a. Create awareness among key stakeholders about UHC and related interventions currently existing in Uganda;
- b. Act as an advocacy forum, bringing together different stakeholders, sensitizing them on the past, current and future trends of existing attempts by the Government of Uganda in UHC;
- c. Serve as an avenue where a multi-disciplinary advocacy team will be selected to propel the UHC advocacy agenda in the country.

1.2 The targeted Symposium outcome included:

- a. Improved awareness of UHC amongst stakeholders;
- b. Strategies proposed, for incorporating UHC in the country planning processes
- c. Established UHC national advocacy committee
- d. A UHC advocacy plan for the country drafted with its implementation framework.

2.0 PLANNING PROCESS

The Ministry of Health in Uganda with support from the ECSCA Health Community Secretariat mobilized a multi sectoral team of stakeholders including Ministers of Health, Members of Parliament from the Parliamentary Health Committee, African Centre for Global Health and Social Transformation (ACHEST), Senior Officials from key line Ministries, Civil Society Organizations (CSOs), Schools of Public Health, HealthNet Consult (as representatives of IDRC Canada), Research Institutions, Federation of Uganda Employers, National and Regional Referral Hospitals, Religious Medical Bureaus, Insurance Regulatory bodies, National Pension and Social Security Organisations, National Trade Unions in Uganda, the Private Sector Foundation, the Media, Development Partners and others.

The Symposium brought together all parties, to discuss and build consensus on options for instituting and scaling up universal health coverage interventions in Uganda.

After the intensive 2-day dialogue, which was ably attended by the Ministers of Health, the participants recommended that there was need for further consultations with different stakeholders leading to the establishment of Advocacy Committee, to propel the UHC agenda in Uganda. The Minister of Health, Hon. Dr. Ruhakana Rugunda advised that there is need to review the existing efforts within the Ministry that are propelling similar agenda to eventually come up with an all-inclusive advocacy mechanism that would take the agenda forward without creating any duplications.

The role of the Advocacy Committee would then be to constantly engage and share information with relevant stakeholders, lobby high levels of policy as well as political leadership of the country. After the intensive 2-day dialogue, which was ably attended by the Ministers of Health, the participants recommended that there was need for further consultations with different stakeholders leading to the establishment of Advocacy Committee, to propel the UHC agenda in Uganda. The Minister of Health, Hon. Dr. Ruhakana Rugunda advised that there is need to review the existing efforts within the Ministry that are propelling similar agenda to eventually come up with an all-inclusive advocacy mechanism that would take the agenda forward without creating any duplications.

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3.0 OPPENING REMARKS

3.1 Remarks from the Director General of ECSA Health Community



Mr. Edward Kataika, Director of Programmes at the East, Central and Southern Africa Health Community Secretariat, was representing the Ag. Director General

In his opening remarks, the representative of the Director General, Mr. Edward Kataika, observed that Universal Health Coverage forms part the post 2015 development agenda and ECSA is part and parcel of this process. He informed the meeting that Member States of the ECSA Health Community are all at different stages with regard to implementation of the different approaches they have undertaken towards Universal Health Coverage. He then stressed that the support to the national symposium given to Uganda is aimed at building on the efforts that Uganda has taken towards Universal Health Coverage.

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Hon. Dr. Elioda Tumwesigye, Minister of State for Health, General Duties, Uganda

Landscape the health sector is currently surviving in. The Hon. Minister applauded ECSA Health community and the Rockefeller Foundation for the support they have given, at a time when it is most needed for Uganda as a country. Given the value the meeting was accorded, the Minister told the meeting that he sought to be excused from attending Cabinet Meeting (which was being held at the time) to actively participate in the symposium.

The Hon. Minister stressed that *“The state shall take all practical measures to ensure the provision of basic medical services to the populations.”* He emphasized the need to protect every citizen from catastrophic spending on health and said that *“efforts will be intensified to ensure that additional health financing mechanisms and options are explored and included in the current National Development Planning as well as Health Sector Strategic Planning and Development processes currently on going.”*

The Minister informed the meeting that the budget for the health sector in the Financial Year 2014-2015 was 1.197 Trillion Uganda Shillings, noting that the population of Uganda is not known as yet but estimated at 34 million people. He further noted that per-capita health expenditure on health is estimated at \$13, as opposed to the expected target by WHO of between \$30 -\$40 per capita.

The Minister also noted the competing priorities of other sectors for the available government resources, where the Ministry of Works and Transport takes the largest share of the government’s budget, followed by Energy, Education and then Health coming fourth. He noted that if the Government was to allocate resources to health to meet the WHO estimated per capita spending; it would require a multiplication of the national budget by 3 to 4 times, which is not possible. This remark was made while emphasizing the need for investing in a multiple financing options and mechanisms for the health sector if it (the health sector) is to meet its goals.

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The Minister observed that as the Ministry continues to pursue the National Health Insurance Scheme, the questions on how to reach and target the poor (informal sector) as well as the formerly employed who are not willing to pay, remains looming and valid. He gave reference to the validity of the policy dilemma of providing free health care in the country, currently in place, vis a vis the proposed National Social Health Insurance. The Minister acknowledged that this policy

4.0 DAY ONE PRESENTATIONS

4.1 Overview of Universal Health Coverage in ECSA Health Community; Dr. Walter Odoch



*Dr. Walter Odoch, Ag. Programme Manager,
Health Systems and Services Development at the
East, Central and Southern Africa Health Community Secretariat*

The presentation highlighted some of the challenges the region has faced. These include high levels of Out of Pocket Payment (OOP); which form the largest share of health expenditure by the people.

From the principles of Universal Health Coverage, health care systems should be organized in such a way that there is fair contribution to the cost of its financing within the population and risks are shared.

The financial contribution should be done through a prepayment mechanism rather than the out of pocket at the point of care.

In this way, everybody would be able to access health services of acceptable quality when they are in need without suffering financial hardship. The presentation also highlighted countries in the region that have improved population coverage having pursued mandatory social protection mechanisms. For example, in Tanzania, Out Of Pocket expenditure dropped after introduction of National Health Insurance in 2001.

The presentation observed that when user fees/Out of Pocket (OOP) were removed/abolished in Uganda in 2001, quality of health care relatively improved because there was improvement in the budget allocation. In 2003 spending out of pocket started to increase, because demand for health services was increasing at a faster rate than the budgetary allocation. In Uganda, OOP expenditure is estimated at over 60% of the total private health expenditure; total private expenditure is about 70% of the total health expenditure.

The presentation highlighted that a large proportion of families in Uganda face catastrophic health expenditure when they access health care.

The presentation also highlighted a similar picture in the majority of ECSA Health Community Countries. This calls for mechanisms to be instituted to scale up efforts that would improve the quality and accessibility of health care by majority of the people in the region without fear of financial hardships in the ECSA Health Community Member States.

4.2 Overview of Universal Health Coverage in Uganda

Dr. Charlotte Zikusooka



Dr. Charlotte Zikusooka, HealthNet Consult representing IDRC at the Symposium



The presentation highlighted that Universal Health Coverage in Uganda has been debated for a while. Attempts have been made to arrive at a minimum health care package. The presentation highlighted three dimensions of Universal Health Coverage, which include: the range of services available, who is eligible to access them, and what proportion of the costs is covered.

The presentation stressed that the universality component emanates from the assumption that people in a given country should be able to access the care they need, of good quality and they should not be impoverished in the process. Universal Health Care in this case should not be looked at as a package but components of packages and a set of things that allow the functionality of the system to provide care.

It was then observed that key issues regarding the package composition was very broad and required further work to be done to re-define detailed sub packages. Different countries have taken different sets of packages to provide quality and affordable health care and lessons on how they have done these over the years can be learnt from them.

The Uganda National Minimum Health Care Package developed in Uganda's first National Health Policy defined the components. However, the challenge remained on its inability to guide resource allocation. It was a huge package but with little resources to implement it, the package was uniform but health facilities remained at different levels in different locations and regions of the country (if it was to be fair lower health facilities should have been given opportunities like higher level facilities) and therefore, this did not address the issue of equity and fairness.

The process that defined the package was centrally (top down) driven with little participation from public.

Over the years, the challenge the Ugandan health sector has faced lies a question on whether this package still remains relevant at this time. The package has not been revised UNMHCP since 1994 (20 years) and over the years there has been a shift in disease burden and new interventions have come into place, calling for a review of the process. The presentation showed that more Ugandans are spending a lot on health and this ends up pushing most of them into catastrophic spending and poverty.

At implementation level, the presentation highlighted the lack of adequate resources, issues of fairness and equity, widening of inequalities between urban and rural, between age and gender among others. The presentation stressed that the Universal Health Coverage agenda is a process that evolves over time and calls for consistent efforts and mechanism in place to propel the process. Universal Health Coverage needs to be defined in the local context and requires a lot of patience and time.

The presentation did stimulate questions regarding the data sources, data collection methodology as well as related definitions and parameters used in defining the rich and poor. However, in all, the message remained that there is need to re-think through the Minimum Package, re-define it and review it over time to match the evolving trends in the burden of disease in the context of the socio-economic status of the population.

4.3 An overview of Research and the Existing Evidence;
Prof. Freddie Ssengoba



Prof. Freddie Ssengooba, of Makerere School of Public Health

Key issues that emerged from the presentation highlighted the political economy of Universal Health Coverage in the context of the Uganda Health Sector context. Given the multi-dimensional aspects and concerns surrounding Universal Health Coverage principles, the presentation observed that the Power dynamics in the Ministry of Health have little influence on the political decisions that greatly impact on the successful implementation of the Universal Health Coverage.

The presentation observed the need to observe social protection aspect and move with affirmative action taking the weak (poor) in society as a priority. The demographic indicators in Uganda show a larger and wide base of young generation. The implication is that there will always be increasing maternal child and adolescent health related problems. The foundation of the health system in Uganda where there has been a multiple of cumulative interventions remains weak and Uganda may not afford heaping continuous interventions on a weak foundation of the health system.

Prof. Ssengoba stressed that outcomes are necessary but there is need to pay more attention to the means for the country to claim being on the right path. There has been a lot of attention to Performance-Based interventions for short-term gains as opposed to investing in interventions with long term and lasting gains.

The presentation observed the need to build coalitions, policy learning and agenda selling to the influential in society, including high-level political actors, among others. The Ministry of Health ought to acknowledge their role and invest/allow other key stakeholders play their role in unison. This would then require a mechanism in place that would engage the relevant and key players play their part, including influencing the political agenda of the country.



Dr. Patrick Kadama of ACHEST sharing his thoughts with the Minister and participants

The presentation highlighted that Uganda as a country ought to know the difference between the Minimum health care package and comprehensive package for appropriate decisions to be made. The presentation underscored the need for appropriate priority setting due to financing challenges the country continues to face. There is need to develop vulnerability index and look at their exposure to certain kinds of diseases.

The presentation observed that Uganda used to have the best universal health service delivery in Africa and it was based on the ‘Rights principles’, which later got tempered with by different ideological shifts, including the World Bank led Structural Adjust Program (SAP). There will be need to put the right implementation mechanism to address the challenges that the health sector is facing today if the Rights principles are to be upheld.

The presentation was concluded by noting the need for coordinated efforts and approach in the design and implementation of interventions aimed towards Universal Health Coverage while emphasizing social protection approach succeeding countries have taken which could provide lessons for Uganda. The success of Universal Health Coverage in Uganda is not a Ministry of Health issue but rather a country issue and a mechanism that involves all key stakeholders in the discussions, design and interventions remains paramount with political leadership playing a central role.

4.4 Defining Uganda's minimum health package

Dr. Patrick Kadama



Dr. Patrick Kadama of African Centre for Global Health and Social Transformation (ACHEST)

In his presentation, Dr. Patrick Kadama elaborated that the process of defining the Uganda National Minimum Health Care Package was Primary Health Care principles of social justice and empowerment, efficiency oriented packages that were perceived to be of low cost and modest among others.

The presentation elaborated the central role of the entire population or specific sub-group of the population the country may want to target, as long as it fulfils the principle of social inclusion, particularly spelling out the importance of conducting appropriate feasibilities to arrive at a common denominator and provided it is a national inclusive process.

The presentation highlighted the linkage the process of defining minimum health care package has with the national health planning process. The presentation underscored the high opportunity costs such a process may have especially when many pressing priorities compete for the attention of decision-makers, and existing technical capacity.

Packages without a cost attached are meaningless, whereas optimistically costed ones are misleading. Packages tend to cost more to deliver than they are perceived during the planning stages. The package formulation and definition exercise rarely has the political clout to challenge established special programmes.

The presentation highlighted three different financing contexts within which the country could define an appropriate minimum package:

- a) In Predominantly tax-financed health service, the Minimum Package generally describes a minimum package of services to be provided by government or government-contracted institutions.
- b) In an insurance-based system, the Minimum Package is generally one, which all insurance policies must cover. It may describe the services, which have to be provided without co-payment.

It was then stressed that whichever option the country would opt to pursue, there would be need to systematically study the process carefully and would require a highly involved stakeholder consultative process.

The discussion that ensued from the presentation recognized that Universal Health Coverage is a road where all (poor and rich) have to access. Comments from participants alluded to the fact that for Universal Health Coverage to be effectively implemented requires a strong health system, which has to have all the building blocks functioning including health governance, appropriate financing mechanisms, reliable health workforce, good health information systems, required medical products, clearly defined service delivery mechanisms, and supportive infrastructure among others.

The meeting further observed that there is need to involve political/policy makers in the discussions and related sensitization mechanisms.

It was equally observed that the design of minimum packages cost more to deliver and hence require heavy investment. Members urged the Ministry of Health to streamline the Universal Health Coverage principles within the new Health Sector Strategic and Development Plan and the National Development Plan, which are currently being formulated.

The discussion also highlighted the need to re-organize the functionality of the health system to efficiently utilize the available resources. It was reckoned that it may not be a question of the lack of financial resources that has undermined the efficiency gains but rather how the resources are allocated and subsequently utilized.

There was expressed need to take cognizance of the silent voices from the policy makers as well as research who seem to have the evidence and good ideas where appropriate decisions could be drawn but are not given the right audience and attention, a reason dialogue and discussion in this symposium are vital and should continue.

There was expressed need to utilize evidence from the practice as opposed to smuggling in evidence from else where that informs less of what is on ground. The symposium organizers were applauded for setting the ground for dialogue, and an advocacy committee to be established there after marks a good beginning for Uganda.

Emphasis was put on the need for consultations for necessary buy in of all stakeholders; stressing that national dialogue will be vital but only when there is substantial evidence. The government is already committed and was clear from the Manifesto of the president. The President requires information, evidence and a clearly defined process.

There is need to have structured dialogue, re-organise sector agenda setting, build consensus on the purpose. It was observed that the difficulty of managing health care system is how to manage the uninsured, allocation of public resources to finance the uninsured. In a situation like this then the Head of State and politicians have to champion the process.

4.5 Panel Discussion:
UHC concerns – Key issues basing on roles of different actors



Prof. Francis Omaswa of ACHEST (left) facilitating a panel discussion at the Symposium

The panel discussion largely concentrated on the significance of different actors in propelling the Universal Health Coverage agenda in Uganda.

From the research perspective, Makerere University School of Public Health’s Dr. Christine Kirunga underscored the role of Politics in defining the Minimum Package as key but noting:

- a) The difficulty to plan without updated data;
- b) The poor Coordination of relevant actors and having their views included in the process;
- c) The need for systematic reviews of the process to ensure smooth implementation of interventions;
- d) The need to have informed national dialogue outside of politics;
- e) The need to focus on human capital development to manage and implement the process;
- f) The need to have evidence that will facilitate movement into the right direction.

The World Health Organisation country office representative Dr. Grace Kabaniha underscored the need for effective consultations with key stakeholders and technical capacity development as crucial aspects of this process. It was observed that the Ministry of Health should be on top of defining the research agenda needed to inform the process, so that the policy makers can know what has happened over the years, what is happening and what needs to be done for the future.

The Ministry of Gender, Labour and Social Development outlined the role of the ministry in ensuring social protection of the citizens. It was observed that the greater mandate of social protection in the country lies under this Ministry, making them a key stakeholder in the design and implementation of Universal Health Coverage strategies.

Uganda is in its formative stages to implement the National Health Insurance Scheme and has had a task force to support the design of the process which has involved a multiple of stakeholders including workers unions, employers organizations, insurance regulatory bodies, health consumers organizations, health providers and key government sectors in the process. The Bill has been tabled to Cabinet and deferred back for further consultations awaiting feedback.

The panelists observed that the existing capacity in the Health Planning Department remains at its lowest and requires support. There is need to mainstream the issues discussed in the symposium into the National Development Plan. The top leadership of the Ministry of Health was urged to consider this matter. It was also observed that reforms would be inevitable in the Ministry of Health to inform the service delivery approach. This would however require an independent consultant to support. The Ministers’ presence in this meeting was commended as a great step in the pursuit of the campaign for scaling up universal health coverage advocacy.

5.0 DAY TWO PRESENTATIONS

5.1 Current landscape of government financing and health financing option Government Financing Allocation to the health sector; Tom Aliti:



Mr. Tom Aliti, Principal Finance Officer at the Ministry of Health Uganda

From the presentation, it was observed that the Government in its strategic policy direction noted that in order to reach health related Millennium Development goals and achieve Universal Health Coverage, the country urgently needs: more money; greater equity in health services financing and accessibility; efficient use of available health resources; and expanded coverage of health services, especially those targeting the poor, women and children.

Uganda is currently expanding the capacity of the health systems to effectively and efficiently handle the population's health and especially the health of women, children and the vulnerable. This requires additional resources and better information on financing of the health systems, a critical element of the health policy. There has also been significant pressure to increase spending on health, particularly by the Government. A number of factors are responsible for this pressure, including; Population growth, HIV/Aids Epidemic, Costly technologies, Creation and Expansion of health infrastructure, Escalating unit costs of health service delivery among others.

The presentation highlighted six primary sources of the total health financing which include, government 15-16% of total health expenditure, donors 33-34%, employers, households/communities 43%, others 6-7%. According to the recent National Health accounts report. It was observed that Health expenditure levels and government allocation to health remains low at an average of 10%, a trend that has been maintained over the years. Uganda has spent less than 4.5% of the GDP, and spent less than 15% of the national annual budget on health in the past three years as highlighted in the 2012 National Health Accounts report. The government domestic resources account for 59% of the total public budget allocation to health while external financing account for 41% of the total public health sector budget.

Looking at government allocation, it was observed that there is limited pooling mechanism. The country relies mostly on one or two of the risk pooling mechanisms (State funded health care systems, development partner support, community based health insurance and voluntary health insurance). There is Low funding of essential interventions to accelerate progress towards MDGs 4 & 5 – NHA report 2012. The health expenditure levels and government allocation to health is low and has been at an average of about 9% of the national

5.2 Health financing strategy paper and National Health Insurance Progress; Dr. Runumi Francis



Dr. Francis M. Runumi, Commissioner for Health Services, Planning at the Ministry of Health, Uganda

It was noted that the health sector in Uganda serves an estimated total population about 35 millions, and the country's annual growth rate stands at

3.2%, with a high fertility rate of 6.2 per reproductive woman. The country's population below poverty line stands at 22% with physical access to health care at 82.5% (Private and Public). Uganda has a high burden of communicable diseases (Malaria, HIV/AIDS) and NCDs and the number of households facing catastrophic health expenditure is estimated at 5.8% of paying patients. The overall, 15% of Ugandan households are estimated to be impoverished due to health expenditures.

Due to the underfunding as highlighted in the previous presentation, there is high staff attrition in public and NGO health facilities, no incentives for hard-to-reach areas, no additional recruitment for new districts; Specialist and other technical health cadres are in short supply; Productivity of health workforce is low owing to fatigue and demotivation.

There is under funding of Essential Medicines and Health Supplies, Reproductive health supplies, Immunization supplies, and Indoor residual spraying chemicals. There is limited staff accommodation, inadequate space for work; Wards, Theatres, Labs; functionality of HC IVs, IIIs, and New Districts, Poor maintenance of buildings, Equipment, vehicles, among others.

More so, there has been limited funding for preventive, promotive, rehabilitation and palliative activities which are essential elements in Primary Health Care. This does not leave out weak management and administration at all service delivery levels that comes with poor information gathering and use and weak planning among others.

The presentation highlights need to mobilize more resources from reliable sources to close the already existing funding gap which spells disaster. Already the out-of-pocket expenditure is already catastrophic and has caused misery in the rural and hard-to-reach areas where effective health care is no longer guaranteed.

The government has already made attempts towards social protection through the removal of user fees in all public health facilities 2001. Over the past decade there has been gradual improvement of the health budget as well as subsidies to private-not-for-profit Institutions.

The current design of the National Health Insurance Scheme (NHIS) through an interactive consultative process is one of the approaches Uganda has taken towards Universal Health coverage. Consumers will make regular affordable payment to a managing institution. The managing institution will hold the payments and will be responsible for organising health care benefits and other services from providers. The managing institution will then pay the providers for services rendered at a negotiated and agreed cost. This will enable equitable access to health services for all members as well as ensure that quality, and scope of medical services is checked.

In a bid to achieve Universal Insurance Coverage in the next 10 -15 years, Uganda is in the process of drafting a bill, which provides for:

Concurrent operation of different sub-schemes once the NHIS is launched that include:

- a) Social health insurance scheme,
- b) Community health insurance schemes,
- c) Private commercial health insurance schemes.

The bill also provides for accreditation of health care providers, solidarity fund, tariffs and rates, portability of benefits, the progressive expansion of the schemes/plans to cover the entire population as well as regulation by the Insurance Regulatory Authority of

5.3 Ownership and Accountability for Health Outcomes in Uganda; Prof. Francis Omaswa



Prof. Francis Omaswa explaining the desired paths towards Universal Health Coverage

It was observed that any meaningful discussion on Universal Health Coverage ought to look at health beyond the absence of a disease but rather as a right. People have a right and duty to participate in the planning and pooling of resources for their health care.

Invest in all-inclusive discussions where all stakeholders are involved and aware of what their role and expectations are in organizing the pooling mechanisms.

Health is made at home and only repaired in health facilities when it breaks down and therefore, Primary Health Care is an approach the government ought to be moving with where individuals, health systems and government, and other actors have roles to play. The other institutions should inspire government as opposed to naming and shaming those that have failed.

The presentation underscored the need for by-laws that could be implemented as part and parcel of local governance that spell out this responsibility, which could save a lot of time and money.

The presentation observed the need to build on what has already been done rather than reinvent the wheel. Uganda has had a history of producing well-structured and well-thought policy documents, which are being used in many countries in the World. There is hence need to invest concerted efforts to building on the existing national strategies, which other countries are using and are not being used in Uganda.



Hon. Kenneth Omwona, Chair Person of the Health Committee of Parliament (in spectacles) consults colleagues during the Symposium

Participants in the meeting generally observed the need for national dialogue, mass sensitization about the government's intention for health insurance and Universal Health Coverage. There was expressed fear that the public may reject enrolling into the scheme unless they have been consulted and educated about the benefits and intentions. The participants warned however, that this could be a long process that would require a lot of patience and if the head of state is not in support it may not work.

There was expressed concern that the Ministry of Health needs to invest in transparent approaches of sharing information. The meeting emphasized that there should never be workshops of this nature without appropriate follow-up mechanisms. For universal health coverage agenda to gain meaningful momentum, would require high-level political support from the Ministers as well as a blessing by the President of the Republic of Uganda. The meeting observed that without high-level political support it would be useless for such discussions to proceed.

The meeting also observed the central role of the Ministries of Gender and Social Development, Local Government, and Health as the line ministries to spearhead this agenda.

Members observed that a lot has been done in Uganda and many countries in the region have picked lessons and used Uganda's existing policy and strategic documents to design their own mechanisms including Rwanda. There was a felt concern that Uganda has accumulated sufficient experience enough to facilitate the implementation.

The Minister of State for Health, General Duties, Hon. Dr. Elioda Tumwesigye noted the need to invest in more sensitization at community level, noting that this is the right time most of the work needs to be done. The Minister expressed need to move from the current situation and make practical strides towards universal health coverage by having deliberations from the symposium feed into the NHSSDP and NDP.

5.4 Advocacy Concerns and next steps Mr. Arthur Rutaroh



Mr. Arthur Rutaroh, Manager Research, Information and Advocacy at ECSA explaining the role of the Advocacy Committee yet to be created.

Mr. Rutaroh Noted the concern raised by the Minister of State for Health, General Duties Hon. Dr. Elioda Tuwesigye and Minister of Health Hon. Dr. Ruhakana Rugunda, that this should not be a one off meeting but rather a meeting that has started a process which ought to be brought to conclusion.



Dr. Patrick Kadama (Right) and Mr. Arthur Rutaroh, (centre) Mr. Edward Kataika (left), discussing the recommendations

Mr. Rutaroh noted that the Ministry of Health advised that further consultations and assessment is needed to review the existing discussion structures in the health sector before another structure (advocacy committee) is established, to harmonise the roles and eventually engage in meaningful discussions that build on existing efforts. The Minister advised that it is important that the new advocacy committee is able to support technical and high level political advocacy.

The Minister then tasked experts in the meeting to support this process and advise on an appropriate mechanism that would take the advocacy agenda forward, tasking the Commissioner for Planning Dr. Francis Runumi to ensure that the process for this establishment is fast tracked to feed into the current Health Sector developments (HSSDP/NDP).

6.0 CLOSING REMARKS



Prof. Francis Omaswa (left) and Hon. Dr. Elioda Tumwesigye (centre) welcome Hon. Dr. Ruhakana Rugunda to the Symposium

In his closing remarks, Professor Francis Omaswa underscored the need for high level Leadership, not only to propel the National Social Health Insurance, but also, to support the whole system through the development and enactment of a new health law. He observed that most of the work has been done, and this is the right time to re-organize within and get the process to implementation. The meeting then observed need for a dedicated multidisciplinary advocacy team/-committed team, whose major aim would be to:

- a) To inform Policy & Increase efforts to tap more Political will (High Level and Lower Level political engagement) with the aim of creating political sensitization & capacity building;
- b) To inform National Development Plan & Health Sector Strategic Development and Plan, by providing evidence and technical support to the health sector;
- c) To increase more dialogue among stakeholders - Supporting existing mechanisms, among others.

The team would then report to the Minister of Health. Prof. Omaswa pledged to support the Ministry if called upon in the new mechanism that Ministry would establish to propel this agenda embracing all key stakeholders and working with ECSA Health Community and Partners.



Mr. Edward Kataika of ECSA Health Community (left) sharing a moment with the Ministers, Hon. Dr. Elioda Tumwesigye (centre) and Hon. Dr. Ruhakana Rugunda (right)

In his closing remarks, the representative of the Director General of ECSA Health Community Mr. Edward Kataika extended his gratitude to the Health Minister Dr. Ruhakana Rugunda, the Minister of State for Health General Duties, Hon. Dr. Elioda Tumwesigye and the entire Ministry of Health team and participants for their participation, open and frank manner in which the discussions were held.

He observed that this dialogue contributes significantly in propelling the agenda forward, not only in Uganda, but also that the lessons learnt would be used to support other countries in the region. He reminded participants of the pledge to support Uganda in their option of Universal Health Coverage in collaboration with national and regional partners, as part of the resolution of the ECSA Health Ministers Conference of 2014.



Hon. Dr. Kenneth Omwona, Chairperson of the Parliamentary Committee for Health

The Chairperson of the Parliamentary Committee for Health Hon. Dr. Kenneth Omwona, pledged full support of Parliament in efforts leading towards Universal Health Coverage including the National Social Health Insurance Scheme. He noted that policy reforms are good for the country and expressed his gratitude for the right direction and momentum the Ministry of Health has taken with support from ECSA Health Community.

Hon. Omwona advised on the need to move away from dependence mode where communities have been made to believe that someone out there should provide for them. He noted that once the Ministry of Health is ready, he would be at their disposal to direct the Clerk for Parliament to schedule for NHIS hearing on the agenda because of the importance it holds and would make sure that Parliament gives all the support.



Hon. Elioda Tumwesigye invites the Minister for Health Dr. Ruhakana Rugunda to give closing remarks

The Minister of State for Health General Duties, Hon. Dr. Elioda Tumwesigye observed that this was the most important symposium since becoming a Minister. This was demonstrated by his full time attendance throughout the symposium. In his remarks, the meeting generated debate and reflected on important aspects that the country needs to take forward to implementation. The Minister noted that in East Africa Uganda is the only country that has not started formal mandatory mechanisms of health insurance.

Ho. Dr. Elioda then called for a review of the existing mechanisms and efforts the Ministry has had before, to pave way for fast-tracking the UHC and NSHI implementation. UHC being in his docket as Minister of State for Health General Duties, Hon. Dr. Elioda Tumwesigye pledged to provide leadership of the advocacy team that will be instituted to propel this agenda.



Hon. Minister for Health Hon. Dr. Ruhakana Rugunda

In his closing remarks, the Hon. Minister for Health Hon. Dr. Ruhakana Rugunda, expressed gratitude for the effort the ECSA Secretariat has put in to bring this discussion to Uganda, which was long overdue given the country's progress on UHC to date.

The Minister observed that the process of implementing Universal Health Coverage interventions, specifically National Health Insurance Scheme in Uganda has been deliberately slow to allow for wider consultations and learning. He noted that the last discussion on NHIS by the Cabinet was in 2008, where Cabinet deferred the matter to the Ministry of Health for further consultations. Cabinet has since been waiting for the response to the comments that were given and work has been on-going.

The Minister advised that rushing through the process may cause unnecessary hitches and emphasized the need for further learning and consultations before the matter is presented again. The Minister observed that the NHIS is one of the vehicles for effective delivery of health reforms. The Minister pledged the President's support as long as he is convinced that the NHIS is rational and pro people and urged the tasked teams to produce quality work. He reminded participants that the Senior Presidential Advisor Dr. Speciosa Kazibwe, discussed this matter with the president and it has sufficient political support.

The Minister observed the need for clear policy direction that spells clearly the accountability and transparency mechanism. "Many countries have rushed to implement NHIS but they are regretting the steps taken. Let's go slowly and learn more and eliminate the mistakes and pick successes" the Minister observed.

7.0 WAY FORWARD

7.1 De-briefing with the Ministry of Health

During the two days Symposium, It was observed that Uganda is currently the process of rolling out the drafting the National Development Plan as well as the Health Sector Strategic and Development Plan. It was also extensively observed that Uganda is in the process of implementing the National Health Insurance Scheme, as one of the options within the UHC agenda. The Ministry of Health has different working groups, Task Forces and mechanisms that are constantly engaged in these processes. It was then observed that there is need for to review the existing mechanisms and come up with an appropriate multidisciplinary support team that will scale up universal health coverage advocacy efforts building on already existing structures.

The objectives of the advocacy team would be:

- a) To inform Policy & Increase efforts to tap more Political will (High Level and Lower Level political engagement) with the aim of creating political sensitization & capacity building;
- b) To inform National Development Plan & Health Sector Strategic Development and Plan, by providing evidence and technical support to the health sector;
- c) To increase more dialogue among stakeholders - Supporting existing mechanisms, among others.

During the Symposium, Minister of Health Hon. Dr. Ruhakana Rugunda tasked the Hon. Minister of State for Health, General Duties, Hon. Elioda Tumwesigye to oversee this process.

The Ministry of Health will require the team to provide technical support and input in the process of drafting NDP and HSSDP.



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