Financing Alliance for Health

Country Fact Card - Uganda

2018
## Contents

**Macro context of Uganda**

- Health Landscape
- Health Financing
- Community health system
Uganda: macro context

Political landscape

- **President:** Yoweri Museveni (31 years as president)
- Moving toward **multi-party democracy** (multi-party elections held 2011 and 2016); most recent (Feb. 2016) election criticized for irregularities and lack of transparency
- Successful over last 30 years in bringing relative **political stability, reducing poverty and fostering growth**
- Growing uncertainty around Museveni’s health and **future of National Resistance Movement Party**

Current Government

- **Top 5 budget priorities:** Works and Transport (~20%), energy and mineral development (~10%), public sector management (~5%), justice, law and order (~3%)
- **Stated national priority around reduction of child mortality,** with ~110B spending in next FY (~0.4% total budget)

Political priorities

- Unreliable power, high energy costs, inadequate transportation infrastructure, explosive population growth, and corruption **complicate healthcare delivery**
- **Ongoing crisis in South Sudan** is impacting Ugandan economy and politics through reduced export demand and supply chain disruption; **turmoil in Kenya** has potential for regional economic disruption
- Rising dissatisfaction with Museveni’s decades-long rule is manifesting itself in **urban protests,** particularly in Kampala

Risks

Macroeconomic Indicators

- **Population**
- **GDP**
- **GDP CAGR, 2012-2016**
- **Unemployment (total)**
- **Unemployment (youth)**
- **Inflation**
- **Credit rating**
- **Interest rate**
- **Current account deficit (as % of GDP)**

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**SOURCE:** World Bank, International Monetary Fund; CIA World Fact book; BBC News; Business Monitor International; EIU Viewswire
### Health Indicators

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>National</th>
<th>Target by 2030</th>
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<tbody>
<tr>
<td>Neonatal/Infant/Under 5 mortality/1000 live births</td>
<td>27/43/64</td>
<td>12/25</td>
</tr>
<tr>
<td>Maternal Mortality Rate/100k live births</td>
<td>336</td>
<td>Less than 70</td>
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<tr>
<td>HIV Prevalence rate</td>
<td>7.1</td>
<td>End the HIV/AIDS epidemic by 2030</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>62.3 years</td>
<td></td>
</tr>
<tr>
<td>Health Worker Density (Skilled health professional per 10,000 of the population)</td>
<td>14.6</td>
<td>Region average is 14.1; Global average is 45.6 (WHO)</td>
</tr>
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**SOURCE:** Uganda Bureau of Statistics and ICF 2017; World Health Organisation 2017
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Macro context of Uganda

Health Landscape

Health Financing

Community health system
## Health financing landscape

### Healthcare Expenditure Indicators

<table>
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<th>Indicator</th>
<th>Value/Details</th>
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<tr>
<td>Total expenditure on health as % of GDP</td>
<td>8.0% avg. low-income countries (5%) global avg. (9.2%)</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure</td>
<td>10.2% targets set by Abuja Declaration (15%)</td>
</tr>
<tr>
<td>Per capita total expenditure on health (PPP int.$)</td>
<td>108</td>
</tr>
<tr>
<td>Per capita government expenditure on health at average exchange rate (US$)</td>
<td>10 targets set in Health Sector Strategic Investment Plan ($17)</td>
</tr>
<tr>
<td>Per capita government expenditure on health (PPP int.$)</td>
<td>26</td>
</tr>
</tbody>
</table>

### Source of funds, in percentage

- General government expenditure on health as % of total expenditure on health: 39%
- External resources for health as % of total expenditure on health: 15%
- Out-of-pocket expenditures as % of private expenditure on health: 34%
- Private expenditure on health as % of total expenditure on health: 12%

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Community Health System

- Historically had VHTs since 2001. Gaps in community participation, lack of community involvement, a poor reporting system, weak referral structures, and insufficient funding to support incentive schemes and supplies.

- New CHEW strategy (2017-2021) whose objectives are:
  - **Strengthen** training, motivation and performance management of community health extension workers.
  - **Develop governance and leadership** of community health extension workers in line with the decentralized health care delivery.
  - **Mobilize financial resources** for implementation of the community health extension worker strategy.
  - **Improve community participation**, engagement and ownership of community health programs.
  - **Develop a monitoring and evaluation framework** for community health extension worker performance.

- 15,000 CHEWs.

- 96M $ cost of CHEW program over 5 years.

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**CHEW strategy cost broken down into components**

*In $m, total over 4 years (2017/18 until 2021/22)*

- **Total**: 96.0
  - **CHW salaries**: 51.9
  - **Supervision**: 0.3
  - **Re-current Training**: 16.6
  - **Other Re-current costs**: 5.4
  - **Start-up training**: 0.2
  - **Capital costs**: 22.0
  - **Other start-up costs**: 0.3

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Source: Community Health Extension Workers Strategy in Uganda (2017/18-2021/22)