



Special Focus on “Health Financing for UHC” Symposium

Global symposium on Universal Health Coverage ends on a high note



The Panel Session before the official closing ceremony

The three-day Symposium on Health Financing for Universal Health Coverage in Low and Middle Income Countries has ended in Kampala with very strong resolutions towards achieving Universal Health Coverage in developing countries.

The symposium that had over two hundred participants, attracted delegates from the EU, Belgium Senegal, India, South Africa, Ghana, United States, Senegal, Rwanda and the hosts Uganda.

Some of the key recommendations that were adopted after strong deliberations were to the effect that developing countries should clearly design a road-map towards achieving universal health coverage (UHC).

Governments from developing countries were implored to progressively increase funding to the health sector to live up to the Abuja Declaration that set a minimum funding level of 15% of each country’s respective annual budget.

Civil society and the media were also challenged to work together for effective advocacy such that they mount effective pressure on countries to invest appropriately in the health sector.

Donors were also urged to increase investment in the health sector and increase the monitoring and evaluation mechanisms such that money committed is not squandered by some of the state actors.

On the other hand, the academia and the researchers were requested to help in providing clear and well researched data for governments to use while implementing UHC especially to the most vulnerable population segments.



The Symposium Organising Team receiving applause from the Guest of Honour and participants for a job well done

The closing ceremony also witnessed the awarding of honors to individuals and organizations that have performed well in the struggle to operationalise Universal Health Coverage.

Among the awardees were: the Uganda National Malaria Control Programme in the Ministry of Health; Advocacy for Better Health project; as well as the Traffic and Road Safety Department of Uganda Police. Others

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were Julius Mukunda from Civil Society Budget Advocacy Group; Lilian Namagembe the health reporter from the Daily Monitor.

In her closing remarks, the Permanent Secretary for the Ministry of Health Dr Diana Atwiine welcomed the timely symposium and thanked the various academicians who presented the enriching papers.

She was happy that the approach agreed in the resolutions towards achieving Universal Health Coverage was tenable and called on all stake holders to act with one mission and vision.

She said that education and economic empowerment is key in attaining UHC. "For as long as our people are producing like rabbits and wallowing in abject poverty, there is no amount of money that can make any country attain universal health coverage", she emphasised.



The Permanent Secretary of the Ministry of Health Dr. Diana Atwiine delivering her closing remarks

Community Health Insurance a cost effective way for Health Financing

An expert on health policy and financing has called for increased investment in promoting Community Health Insurance (CHI) in low- and middle-income countries as a way of contributing towards the achievement of universal health coverage.

Speaking during the Symposium on Health Financing for Universal Coverage, Professor Bart Criel, a researcher at Institute of Tropical Medicine and Head of the Health Policy and Financing Unit, ITM in Belgium, CHI schemes have five characteristics they share in distinctive settings and designed for different population groups.

He explained that CHI covers a wide variety of health insurance measures, with huge gradients in terms of ownership, management, membership, and service as well as financial coverage.

The approach has proved a success in the majority of Western Africa countries where community-based social dynamics and risk pooling schemes are organized by and for

individuals who share common characteristics like geographical, occupational, ethnic, religious, and gender.

"It's solidarity. Risk sharing is as inclusive as possible within a given community and membership premiums are independent of individual health risks; decision-making and management is participatory; they are non-profit in character and affiliation is voluntary," said Prof Criel.

He noted that the practice is documented in a 2009 evaluation of nine CHI schemes in Kabale and Masaka Dioceses, in southwest Uganda.

Currently the government of Uganda is designing a National Health Insurance Scheme (NHIS), which contemplates the integration of existing schemes and the learning from the experiences of CHI could benefit the planners.



A panel discussion on CHI

Award Giving Ceremony



Dr. Ama Fenny from Ghana receiving award for excellent Oral presentation



Dr. Birungi of NPA receiving on behalf of the Uganda Police



A representative of Civil Society budget advocacy group



Daily Monitor's Lillian Namagembe was awarded the best health news reporter



Another awardee receives her award



Prof. Bart Criel from Belgium making his presentation

Experts advocate for National Health Insurance Schemes in Low and Middle Income Countries

As Uganda plans to set up a National Health Insurance Scheme (NHIS) with an act being tabled before parliament, there is serious debate on which government agency is most suited to control the scheme. Some stakeholders argue that there is no need to create another administrative set up to collect

social health insurance contributions but put the scheme under the National Social Security Fund (NSSF). Others however assert that there is urgent need to design a new transparent architecture to operationalize the NHIS.

These arguments again came up

during the just concluded Symposium on Health Financing for Universal Health Coverage that took place in Kampala. What is not in dispute though is that having the NHIS in place is long overdue. Giving an example from Ghana, Dr. Chris Atim, a Senior Program Director at Results for Development Institute (RDI), said the Ministry of

Experts advocate for a National Health Insurance Schemes in Low and Middle Income Countries

Finance speaks heads the NHIS.

He added that “the scheme should be involuntary and not compulsory if the country wants to achieve Universal Health Coverage. I know for sure Ghanaians have benefited from this arrangement,” advised Dr. Atim.

On his part, Professor Peter Waiswa of Makerere University School of Public Health pointed to the urgent need for the NHIS so as to reach out and extend coverage to more Ugandans especially at the grassroots.

“There is need to protect the next

generation, and that can only happen through the NHI scheme. As a country we need to provide universal healthcare coverage for all Ugandans, and we have not done as much as we should,” Prof Waiswa noted.

Mr. Tarik Kubach speaking on behalf of the EU Delegation in Uganda said the NHIS must make provision for the exemption of certain categories of persons including the poor and vulnerable such as children, the elderly, pensioners, expectant women and persons with mental disorders.

The call for instituting the NHIS is

also rooted in international commitments. For example, in 2005, the World Health Assembly (WHA) of the World Health Organization (WHO) urged member states to aim at achieving affordable universal coverage and access to key promotive, preventive, curative, rehabilitative and palliative health interventions for all their citizens on the basis of equity and solidarity.

And in December 2012 the United Nations General Assembly adopted a landmark resolution on Universal Health Coverage (UHC).

OPINION: National Health Insurance Debate Denying Ugandans Life Saving Services

By: Richard T. Baguma

When I was invited to the just concluded Symposium on Health Financing for Universal Health Coverage in Low and Middle Income Countries that took place in Kampala, essentially as a communication service provider, I thought to myself, well here is another collection of elite academicians in a five-star hotel talking away!

And you know why? Because with a dismal percentage of Ugandans and indeed Africans accessing healthcare from qualified health personnel, this talk of universal health coverage was pipe-dreaming!

However, my previous interaction with the team that steers the SPEED (Supporting Policy Engagement for Evidence-based Decisions) Project based at Makerere University School of Public Health which hosted the

symposium made me think again. This team has exhibited consistent seriousness in engaging stakeholders only when they have concrete evidence to back up their policy recommendations.

And indeed, by the end of the three day symposium, I was pleasantly disabused of my skepticism (am a journalist largely trained to be a skeptic)!

Numerous presentations highlighting success stories of health insurance schemes within communities in and around Uganda as well as neighboring countries brought home the realization that perhaps we have let our communities down. This was further reinforced by the achievements realized by the national health insurance schemes of countries neighboring Uganda.

As stakeholders including the

media, politicians, technocrats, civil society, development agencies, academia and any other conceivable elite category, we have spent so much time debating the form instead of concluding the substance of a national health insurance scheme.

In unison, we need to push, and push very hard any duty bearer delaying the legislation and operationalization of the national health insurance scheme. We must generate and sustain heat on any and all, individuals and institutions alike, to ensure that our health is insured. And thanks to the symposium, we now have evidence that this is possible.

Delaying, ignoring or even keeping quiet about our individual and collective right to insured health is akin to committing crime and sin. It is criminal and immoral.