



Special Focus on “Health Financing for UHC” Symposium

MULTISECTORAL COLLABORATIONS PIVOTAL FOR ACHIEVEMENT OF UNIVERSAL HEALTH COVERAGE



L-R AIGP Dr. Stephen Kasiima, Dr. Peter Okwero, Mr. George Mutabaazi, Prof. Freddie Ssengooba at the Multisectoral Collaborations Panel

The Chairman of Uganda’s National Planning Authority (NPA) Dr. Wilberforce Kisamba Mugerwa has appealed to planners, policy makers and programme implementers in low and middle income countries to work together across sectors to achieve universal health coverage (UHC).

Dr. Mugerwa made the remarks while delivering a keynote address at a session on multisectoral collaborations for leveraging health benefits from other sectors during the ongoing symposium on financing UHC.

The NPA Chair noted the importance of changing mindsets especially for those working on cross-cutting issues like health and nutrition. He emphasized that collaborations are essential across sectors and at multi-levels if UHC is to be attained.

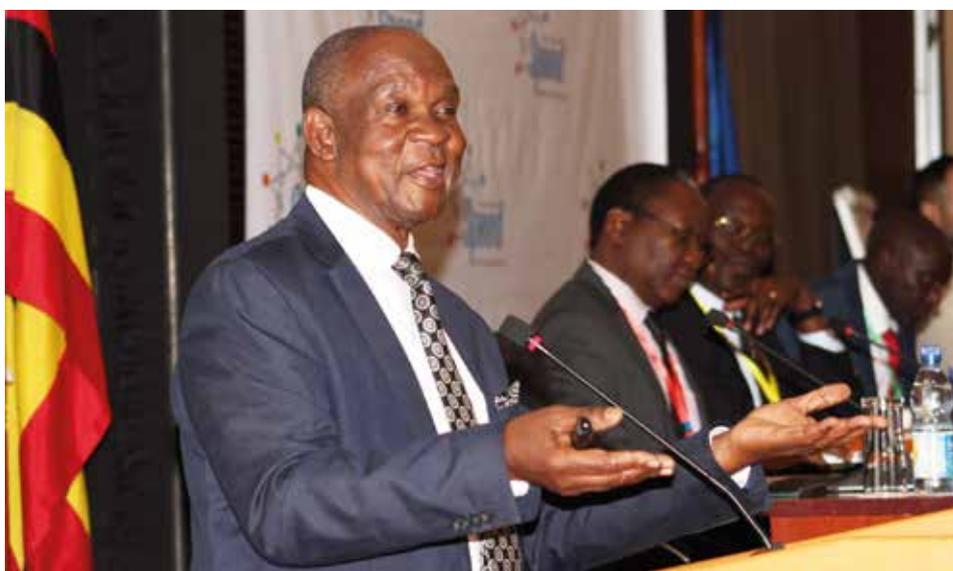
He decried the practice of different stakeholders working in silos and yet

expecting to have sustainable development.

Speaking during the same session, the Assistant Inspector General of Police in charge of Traffic and Road Safety Stephen Kasiima pointed to the benefits of working together

citing the example of a traffic operation code-named Fika Salaama that has fundamentally reduced road accidents in Uganda.

AIGP Kasiima said the operation has benefitted from partnerships among different government agencies, the



Dr. Wilberforce Kisamba Mugerwa delivering the keynote address

private sector, civil society and communities of stakeholders.

The Health Advisor at the World Bank Office in Uganda Dr. Peter Okwaro said multi-sectoralism needs careful planning and consensus building to work properly. He called for the re-orientation of the health and other sectors to achieve UHC.

In his remarks, the President of the Uganda Local Government Association (ULGA) George Mutabaazi decried the poor funding allocated to local governments which undermines realization of UHC. He called for a regular national cleaning day to be instituted urgently saying this will greatly reduce the disease burden hence promoting the achievement of UHC.



Prof Ssengooba and Dr. Kisamba Mugerwa share a light moment

OPINION: Invest in health insurance to achieve UHC in Uganda

By Dr. Elizabeth Ekirapa - Kiracho

Yesterday, while driving to the Health Financing Symposium convened by the SPEED project at Serena, I encountered an old woman trying to get on to a boda boda. Her younger companion was trying to help her get on to the boda boda without much success. Somehow it got me thinking about health insurance. Many people think the boda boda is the fastest way to get around Kampala just as insurance is thought to be the key to achieving UHC.

However if one doesn't sit properly on the boda boda, they may off and even die. So countries which want to achieve UHC through health insurance design their systems carefully to be able to increase the population of those who are insured, enhance the service package offered and reduce the financial cost of protection. It has to be a deliberate, well planned effort.

Getting back to my boda story, I thought to myself, being young is

really great! One doesn't have to struggle that much getting onto a boda boda. I liken that to health systems that are functional with adequate resources to achieve their UHC goals. They don't have to struggle that much. However challenged systems like the one in Uganda characterized by an inadequate health budget; limited skilled motivated health workers; inadequate infrastructure for

service delivery; and weak governance systems in a highly corrupt environment will have a much harder time getting onto the insurance boda boda that will help us achieve Universal Health Care coverage.

But hey! I guess we shall get there some day if we persist. Like they say, "Rome was not built in one day" and likewise, we shall also not build our national health insurance system in one day.



Prof. Sebastian Baine on community health insurance

Universal Health Coverage Community of Practice Launched in Uganda



“SPEED should reach out to other institutions to create knowledge and deeper understanding of UHC. Many of us do not know exactly what UHC entails”,

Conference participants listening attentively to presentations

Delegates attending the Symposium on Health Financing for Universal Health Coverage in Low and Middle Income Countries, in Kampala Uganda have kick-started the process of formation of a Community of Practice on UHC.

It was a lively, enthusiastic discussion with many delegates eager to be a part of the Community but also anxious to see many more actors supported to come on board. “SPEED should reach out to other institutions to create knowledge and deeper understanding of UHC. Many of us do not know exactly what UHC entails”, one delegate from Mbarara University of Science and Technology noted.

One of the immediate policy areas of focus identified as a starting point of engagement for the Community of Practice is the many pilots on Result Based Financing/Performance Based

Financing (RBF/PBF) in Uganda. “There are several PBF pilots happening in Uganda. Can we use these to start a conversation around UHC?”, asked Dr. Elizabeth Ekirapa. This idea fits in well with voices that suggested building a Community of Practice around the UHC context in Uganda before broadening it to global issues.

Dr. Remco Van de Pas of the Institute of Tropical Medicine, Antwerp-Belgium urged practitioners in the Community of Practice not to shy away from engaging with politics. There

were calls too to engage media practitioners as key actors in the communication function of the Community of Practice.

The moderator of this session, Dr. Rhona Mijumbi noted the enthusiasm and interest in the Community as a potential driver for its sustainability and vibrancy.

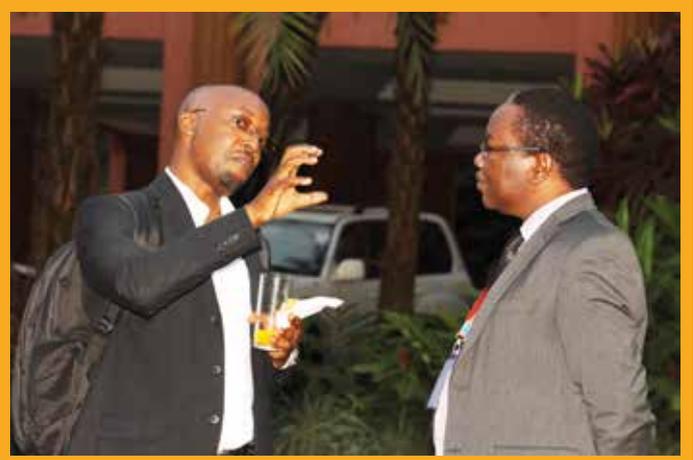
In the planning and implementation of a multi-sectoral goal like Universal Health Coverage, different actors come with different knowledge domains that need to be cultivated for the benefit of all actors.



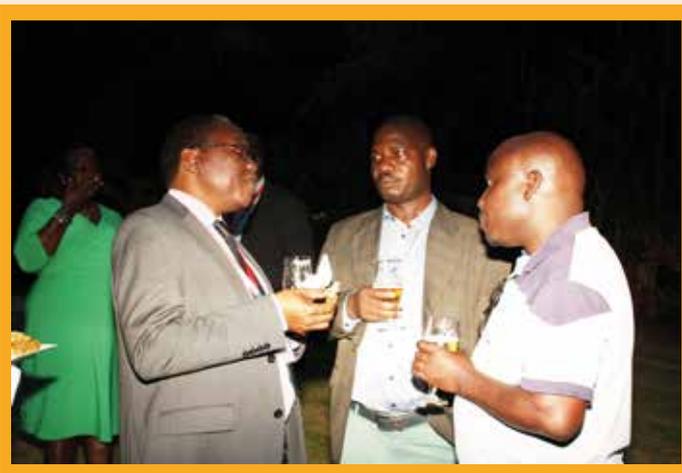
*univ health
Dr. Rhona Mijumbi
steering the Session on
UHC Community of
Practice (COP) Launch*



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EXPERTS CALL FOR TOUGH ACTIONS TO CURB TEENAGE PREGNANCY

By Rebecca Nanga



Panelists on the session on Addressing Teenage Pregnancy

Government of Uganda has been urged to have a holistic and proactive to bring down the number of teenage pregnancies in the country. This call was made by Dr Ahmed Bumba giving his views in the ongoing symposium about health financing in Uganda at the Serena Hotel Kampala.

“We must curb the ones who bring the pregnancies because girls don't get pregnant by themselves”, Bumba observed. Dr Bumba also called for a presidential directive on men who “touch” underage girls. He said schools have to let stakeholders talk to teenage girls about sexuality and engaging men and boys to become part of the solution may be a good idea.

This came up during heated discussions on teenage pregnancies where different panelists and discussants had different views on whether teenagers should use contraceptives or abstain. Most of the contributors during the session supported the abstinence option.

One of the panelists, a teenager, Phiona Amoro from Naguru Teenage Centre observed that the planners and decision makers “should come down to the

teenagers and talk to them in a language they understand.” She decried the fact that teenagers are not represented in decision making organs like parliament which affects the effectiveness of the decisions.

She called on policy makers to involve teenagers in decision making process because it will help the former know what information the teenagers have and what they need to know. “Without information from beneficiaries, policy makers will make wrong decisions,” she said.

Participants also called for a holistic approach that involves the community. This call was echoed by one of the panelists Robinah Kaitiritimba who is the Executive Director Uganda National Health

Users'/Consumers' Organization a local NGO involved in promoting the rights of patients in Uganda.

Kaitiritimba observed that health financing is not only about money in the budget but other resources that contribute to building human capital i.e community resources [values and norms that support the prevention of teenage pregnancies].

Ms Susan Ajok, Executive Director Straight Talk Foundation, urged parents, religious leaders, counsellors, and teachers to work together to support and talk to the teenagers about sex. She further called for proactive measures in prevention of teenage pregnancy through education on sexual reproduction to both female and male teenagers.



Conference participants shared knowledge during the session

Health experts call for effective Universal Health Coverage in Uganda



The Panel discussing Global Health Initiatives and Innovative Health Financing

According to various experts attending a three day symposium on Universal Health Coverage taking place in Kampala, providing health services to the entire population is possible in a developing country like Uganda. The symposium that has attracted health experts from across the world is organised by SPEED a project ran at the Makerere University School of Public Health and sponsored by the European Union.

Several experts that presented papers on health called for the need for universal health coverage in Uganda and other developing countries. One of the facilitators Dr Juliet Nabyonga Orem from the World Health Organisation observed that there is need for proper skills development to be able to effectively monitor Universal Health Coverage right from the distribution levels to the general management of the health service.

Dr Christine Kirunga Tashobya from Makerere School of Public Health concurred and called for the need to institute strong monitoring and evaluation mechanisms so as to effectively follow-up on the success of universal Health Coverage.

However, most participants were sceptical about government

commitment to have Universal Health Coverage when it is only committing only 7.8% of her annual budget to health.

Most speakers castigated government for failing to fastrack the passing of that National Health Insurance Bill into law so that the existing gaps to further implement Universal Health Coverage are eliminated.



The Panel on Risk Sharing through Insurance