



Special Focus on “Health Financing for UHC” Symposium

Symposium on Health Financing for Universal Health Coverage in Low and Middle Income Countries opens in Kampala



Over 200 delegates have converged at Serena Hotel in Kampala for a three-day symposium on Health Financing for Universal Health Coverage.

The opening ceremony was presided over by Dr. Jane Ruth Aceng, the Minister of Health, Uganda who also represented the Right Hon. Prime Minister of the Republic of Uganda. Dr. Aceng urged the stakeholders and participants to focus on the reality that health is a personal responsibility. “No one is responsible for your health; it is you to do it”.

The Minister also affirmed government’s commitment towards new innovations, dialogue and use of resources to pursue the Universal Health Coverage (UHC) through financing reforms such as National Health Insurance, voucher systems for maternal deliveries and Results-Based Financing under the World Bank-Global Financing Facility.



Minister Aceng giving her speech at the opening ceremony

The representative of the European Union Delegation to Uganda, Mr. Tarik Kubach noted that ‘although health has not been selected as a focal sector under the 11th EDF program, the EU also strives to foster partnerships with countries in the development of policies and reforms to address the root causes including

existing challenges and constraints to sustainable health financing such as the case with the SPEED project.

He said the EU globally continues to provide support to broader health system strengthening, health planning, health financing and policy dialogue which will all contribute directly towards achieving Universal Health Coverage.



Mr. Tarik Kubach speaking on behalf of the EU Delegation in Uganda during the opening ceremony

The Makerere University Vice-Chancellor elect, Professor Barnabas Nawangwe communicated the University’s commitment to supporting government efforts with evidence and technical support for policymaking. He said the University generated over 95% of all the research produced in Uganda.

Panel Discussion on Governance and Financing UHC in Developing Countries



The Makerere University Vice-Chancellor elect, Professor Barnabas Nawangwe

Professor Charles Ibingira, the Principal Makerere University College of Health Sciences committed the College on continued production of evidence but challenged the Ministry of Health to ensure that once policies have been produced, they are implemented well.

In his remarks, Professor William Bazeyo, the Dean of the School of Public Health, requested the Ministry of Health to assign the School the role of engaging Members of Parliament and providing them with technical support to understand and appreciate issues regarding the national health insurance initiative.



Professor William Bazeyo, the Dean School of Public Health speaking at the event

The keynote speech for this session was delivered by Professor Kabir Sheikh, a Joint Director (Research and Policy) at the Public Health Foundation of India and a Principal Fellow at the University of Melbourne. The keynote presentation focussed on Governance and Financing for Universal Health Coverage and mixed health system syndromes.

The seasoned Professor who is also Board Chair of Health Systems Global provided an overview of current health sector governance and governance for health arrangements as well as mechanisms of financing UHC. He noted that limited understanding of governance, what it is and how it works is one of the major challenges of effective health delivery.

“Governance is a funny thing - we don’t always know what makes it work, but we definitely know when it doesn’t work. I believe that if we are to tackle problems of governance we need to get more scientific. We need to find out what the specific failures are, and what their causes are.”

Professor Kabir pointed out that without first sorting out governance issue and challenges, Universal Health Coverage will always remain a pipe dream.



Extract from Prof. Kabir's presentation

The Director of the SPEED Project –the hosts of the symposium-Professor Freddie Ssengooba decried the loss of life and haemorrhage of financial resources due to preventable causes like unwanted pregnancies. Prof. Ssengooba called on government to invest more in contraceptives and family planning services.

He noted the current huge wastage of funds on non-essential items like fancy packaging materials for otherwise cheap medicines. The Professor of Health Policy and Systems management further noted that there are interventions that have proved effective like indoor residual spraying for malaria control yet many poor countries like Uganda have continued to pursue expensive treatment plans.

In his remarks, Mr. Richard Sewakiryanga, the Executive Director, National NGO Forum stressed the need to regard health expenditure

particularly the human resource as an investment rather than as a cost. He emphasised that provision of quality public health services is a right for citizens.

The Director Health Services (Clinical) Ministry of Health Uganda who represented the Permanent Secretary, concurred that without addressing issues of governance and leadership, no amount of financial investment in UHC will be useful. He emphasised the importance of investing across sectors. “For instance water is key in ensuring good health; there is no need saving someone from an immunisable disease and they die from a diarrhoeal disease. Besides, we all know that keeping girl children in school reduces the burden of maternal health issues”, he pointed out.

He said that the Ministry of Health puts a lot of emphasis on prevention in health service delivery.

Government of Uganda to increase health financing in 2019

By Obed K Katureebe

Government of Uganda will make systematic increase in health funding in the financial year 2018/19 to be able to eventually achieve the Abuja Declaration target agreed on in 2001 that set health financing in developing to 15% of their annual budget.

This is in fulfillment of the Sustainable Development Goals the Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity

This was revealed by Health Minister Dr Jane Ruth Aceng while making her remarks as she opened a three day symposium on Health financing for universal health coverage in low and middle income countries at Serena Hotel in Kampala on the 16th August 2017. The symposium was convened by SPEED a health project in Makerere University School of Public Health that is designed to strengthen capacity for policy analysis, advice and influence. The 5 year project began in 2015 and is funded by the European Union. SPEED supports policymakers to monitor the implementation of vital programmes for the realization of policy goals for Universal Health Coverage. This year's symposium's theme is **"Financing for Universal Health Coverage: More money for Health AND more health for the money"**.

Health financing currently stands at a paltry 7.8% of Uganda's annual budget and suffered a further setback in the financial year 2017/18 when it was reduced to 6%. "We reduced health financing to 6% this financial year because government felt it correct to invest in other sectors that will further increase our revenue. However, we

agreed and it was minuted in cabinet that come next financial year we will resume upward increments to health funding to be able to adequately finance the health sector", Dr Aceng said. Aceng further thanked the conveners of the symposium SPEED who are under Makerere University School of Public Health for their continued support to her ministry especially in health related research.



The opening ceremony panel singing the national anthem

She further thanked the donors especially the European Union for their continued support to SPEED in gathering all the relevant information in support of Health Financing to be able to achieve universal health coverage for all Ugandans.

Earlier, one of the keynote speakers Prof. Kabir Sheikh highlighted successes and challenges in providing universal health care in developing countries using



Prof. Kabir at the symposium

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Government of Uganda to increase health financing in 2019

India as a case study.

"Governments need to be more accountable and take huge responsibility in order to streamline health governance," Prof Kabir observed. He said that the biggest challenge for health system governance in developing countries is inadequate laws and rules to support proper health governance. The other

challenges according to Prof. Kabir was lack of capabilities and proper coordination within government agencies in their pursuit to enhance health governance.

Kabir further observed that institutional capture by private interests together with lack of adequate community awareness and empowerment was a huge challenge in health governance in developing countries.

Crowd funding: Can it help us achieve Universal Health Coverage?

By Dr. Elizabeth Ekirapa-Kiracho

This evening, I attended an interesting debate on crowd funding. "The mobilizing of funds by individuals to meet a specific health need that is often life threatening and too expensive for the patient to afford." It was a very interesting debate where two of the panelists shared their successful experiences of raising funds for a bone marrow transplant for a child with Sickle cells and to build a cancer unit. While a senior planner from the Ministry of Health gave their opinion about how crowd funding contributes to meeting the cost of health care.

This was one of the sessions at the Symposium on Health Financing for Universal Health Coverage in Low and Middle Income Countries'. The three-day exciting event is held at Serena Hotel, Kampala. It has drawn participation from countries including Uganda, Democratic Republic of Congo, Rwanda, Jordan, United Kingdom, USA, Belgium, Ghana and Nigeria, among others.

It was clear that private funding -when well mobilized- can make a significant contribution to improving health care. The Rotary team has been holding cancer runs and was able to build a cancer unit at Nsambya hospital through this effort.

It was agreed that as a country we need to invest in developing the health care system so that it can treat the critical conditions that we are not able to treat locally in Uganda rather than continuing to fund a few individuals abroad.

For example the incidence of sickle cell disease is very high, and bone marrow transplants could save many of these funds but we must determine as a country to focus on doing this. We could also partner with neighbouring countries to build a centre of excellence for sickle cells

Crowd funding can eventually lead to donor fatigue -people will get tired of contributing. So crowd funding should only be a short and not a long term



Dr. Elizabeth Ekirapa (Extreme left) with other officials at the symposium

solution to the health care problems of Uganda. Long term goal should be to invest in health to provide better care to Ugandans internally.

Uganda spent approximately 2.8 Million dollars on care abroad over three years. This money most probably benefited a few connected individuals and not the common man who also had similar problems. My personal opinion was that this expenditure using public funds should be disallowed. So that every important person who gets funding to go abroad feels the pain and suffering that other Ugandans go through. Perhaps this can help us focus on improving our health care system.

It was also noted that crowding does not benefit the poor who have no social networks, no connections, no social media, no social capital. They suffer and die silently. What can we do for them? How can we help achieve Universal health care coverage for this group? Insurance is probably one of the solutions we need to invest in moving beyond crowd funding!

SPEED Twitter handle: @speed4uhc
Hashtag: #healthfinancing4uhc