

## Moving from selling family property to finance health care: Universal Health Coverage demands a shift in approaches

**WEL CUL PIOT YAT MA WOKO/OPD USER FEE STRUCTURE**

CONSULTATION	2000=	FREE	2000=
<b>LAB TEST</b>	<b>CHILDREN</b>	<b>PREGNANT MOTHERS</b>	<b>ADULT</b>
Haemoglobin (Hb)	1000=	FREE	3000=
CBC	3000=	5000=	10,000=
Sickle Cell tests	2000=	4000=	4000=
Blood Grouping	1000=	1000=	2000=
Malaria (BIS)	2000=	2000=	3000=
Stool exams	2000=	2000=	3000=
Urine exams	2000=	2000=	3000=
Miral test	2000=	2000=	3000=

  

OTHER INVESTIGATION	CHILDREN	ANC	ADULT
X-ray chest & abdomen per Exposure	8000=	8000=	15,000=
X-ray with contrast			

  

ORTHOPEDIC SERVICES	CHILDREN	PREGNANT MOTHERS	ADULT
lower limb (PoP)			
Below knee (B/K)	10,000=	15,000=	20,000=
Above knee (A/K)	10,000=	15,000=	30,000=
Cylinder POP cast	10,000=	15,000=	25,000=
upper limb (Pop)			
Below Elbow (B/E)	10,000=	10,000=	15,000=
Above Elbow (A/E)	10,000=	15,000=	20,000=
U-Cast / U-Slab	10,000=	15,000=	20,000=

### By Dr. Elizabeth Ekirapa Kiracho

I recently met a man who has diabetes. You could see worry written all over his face. He had already sold his two cows to pay for his medication. Now he had nothing else to sell. If he failed to get his medication his health would suffer and he would probably die early from complications arising from his illness. His family would also suffer immensely since he is the sole bread winner. I wished I could help him, but I could not. Perhaps if I was Bill Gates or maybe Mellinda Gates since I am female. This is the reason why it is important for us as a country to have adequate financing for Universal health care coverage (UHC). Stories like this are very common in our country. Households provide approximately 37 % of the money spent on health care, while government provides only 15% and donors 45%. In this situation, the poor pay even more for health than the rich. UHC aims at ensuring that everyone has access to essential health care at an affordable cost. This set me thinking about the actions that we need to take as a country to ensure that we have adequate financing for UHC. First of all our government needs to allocate more money to the health sector. The proportion of the national budget that was allocated to health in the 2016/2017 budget was 7%, less than half of what was agreed to at the Abuja declaration. Secondly, we also need to embrace the concept of insurance. Insurance allows us to contribute small sums of money and to pool this money together, so that we use it for treating those members who fall sick. When we do this those who are healthy are able to support those who are less healthy, those who have more money also support those who don't have or who have less money. This concept of insurance allows our money to go a long way.

You might be wondering what about those who cannot pay? What happens to them? Government and other partners can set up funds

that can support such people a kind of "good Samaritan fund" so that our insurance fund does not run bankrupt because we have too many people who cannot pay. Eighty percent of our population are in the rural areas and many have no formal jobs. However Government cannot pay for all these people, it should pay for the most poor. We must invest in equipping the majority of them, so that they can earn some money that they can use to pay for their insurance. Some of them can join these saving groups that people refer to as "village savings and Loans associations" others call them saving groups or burial groups. These groups are found almost everywhere in the country. They can enable them to save and to contribute towards insurance.

You might be asking yourself but why all this when health care services are free in Uganda? My response is they are not free, government has to pay for these services and because government does not have enough money, sometimes we do not have all the requirements that are necessary for providing quality services and so we end up running to private providers and drug shops to buy drugs. I think Government should speed up the creation of the National Health Insurance. Lastly am sure you know the common saying "prevention is better than cure" we need to put more effort into increasing funding for preventive care, most of our funding (62%) still goes into curative care. Government can focus on prevention as insurance focuses on curative services. Prevention should be aggressively and ambitiously emphasized at household, community and national/government levels.

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