Policy Brief

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Financing for Malaria, Family Planning, and Emergency Obstetric Care in Uganda: Reflections from a Policy Implementation Barometer

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Key Messages:

1. *Successful implementation of policies require considerable amount of financial resources since outcomes of policies are greatly influenced by the level of financing.*
2. *The key financing challenges identified across all three programme areas, included: inadequate funding, untimeliness in the availability of funds, and the inability for services users to pay out of pocket for specific essential services.*
3. *Programme financing also greatly influenced other key programme implementation areas such as adequacy and deployment of human resources as well as their motivation to deliver quality services*
4. *Respondents acknowledged that there was optimal value and benefits derived from currently available funds for malaria, family planning, and EmOC programmes, although more needs to be done*
5. *A comprehensive assessment and projection of level of financial resources required to effectively implement policies need to be undertaken at the start so that obvious implementation challenges can be minimized*
6. *A framework of collaboration and coordination be developed to mobilize and leverage resources from various implementing partners and government MDAs that are working around these critical areas.*
7. *There is need to increase domestic resource allocation to these three critical policy areas and gradually reduce over-reliance on funding from development partners, for sustainability*
8. *Establish and or strengthen collaboration with private sector to subsidize the costs of access to critical services especially where public sector cannot meet the high demand*
9. *Insurance could be a potential mechanism to address the inability of service users to pay out-of-pocket for the three programmes..*

Introduction:

Malaria, maternal and child related conditions account for a sizeable burden of mortality and morbidity in Uganda. There has been progress in reducing maternal mortality and deaths from malaria overtime, although the problem still remains of great significance. Between 2006 and 2016, maternal mortality reduced marginally from 438 to about 336 per 100,000 live births. Similarly, malaria prevalence reduced from 43% to 19%. Addressing these critical areas of malaria, family planning, and Emergency Obstetric Care (EmOC), is key to achieving Universal Health Coverage. Emergency Obstetric Care (EmOC), and access to family planning, are key in addressing the high maternal and child mortality rates. Relatedly, use of Long Lasting Insecticide Nets (LLINs), Indoor residual spraying, spraying lavicides, etc., if effectively, consistently and widely implemented can drastically reduce malaria prevalence.

To effectively implement these critical policy and programmatic areas, however, requires high level of financial commitments. Policy outcomes are closely related to the level of programme financing. One of the biggest constraints to improved health system performance in Uganda, has been identified to be limited funding to the health sector. Government expenditure on health as a percentage of total government expenditure has stagnated between 6% and 9% over the last few years. More than 50% of total health expenditure is currently being met by household out-of-pocket, which increases the risk of catastrophic expenditures. Through different policy documents and forums, the Uganda government has committed to increasing financial resources in the medium and long term to address existing financial gaps, so as to effectively addressing the major causes of burden of disease.

We applied a monitoring lens – a PIB – to analyse the extent of financing for the three selected policies, malaria policy, Family Planning and Emergency Obstetric Care (EmOC). The PIB, an innovative tool developed by the (SPEED) program at Makerere

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University School of Public Health (MakSPH), provides a framework to assess the implementation of a policy or programme at various levels, and provide feedback to the decision makers and other stakeholders for corrective action.

Methods

The SPEED project conducted a survey among central government officials, district officers, and health facilities (health centres and hospitals) and assessed the level of financing for Malaria, Family Planning, and EmOC policies. A six level likert scale was used to assess perceptions or opinions of the respondents on how the three policies had been financed. Respondents would indicate: Don't Know, Strongly Disagree, Disagree, Moderate, Agree and Strongly Agree. During analysis, those who responded with "Did not know", or "Disagree" or "Strongly Disagree" were combined. Those who chose "Moderate" were categorised separately and those who "agreed" or "strongly agreed" with the propositions in the survey questions were also combined and formed the third category. Details of the methodology can be accessed in the published protocol (Hongoro et al 2018)[1]. Average scores were generated from responses for different financing domains across the three policies, and an overall average score was constructed for each of the policies.

Results

Profiling respondents

There were a total of 85 respondents under the family planning policy with most respondents coming from Kampala (25%) followed by Wakiso (20%) districts. For the malaria policy, a total of 99 respondents were interviewed with most respondents from Kampala (18%) followed by Kitgum and Tororo with 17% each. Of the 79 respondents interviewed for the EmOC policy, 19% came from Arua followed by Kampala, Kitgum, and Tororo districts that had 15% of the respondents each **(Table 1).**

Table 1: Response rates for each policy domain

	Number of respondents in each policy domain		
District	**Family planning**	**Malaria**	**EmOC**
Arua	9 (10.6%)	14 (14.1%)	15 (19.0%)
Gulu	-	-	2 (2.5%)
Hoima	1 (1.2%)	3 (3%)	-
Ibanda	-	1 (1%)	4 (5.1%)
Jinja	2 (2.4%)	2 (2%)	-
Kabarole	12 (14.1%)	13 (13.1%)	11 (13.9%)
Kampala	21 (24.7%)	18 (18.2%)	12 (15.2%)
Kitgum	8 (9.4%)	17 (17.2%)	12 (15.2%)
Tororo	15 (17.6%)	17 (17.2%)	12 (15.2%)
Wakiso	17 (20%)	14 (14.1%)	11 (13.9%)
TOTAL	**85 (100%)**	**99 (100%)**	**79 (100%)**

Financing for the three selected policies

Respondents were asked to provide options about the level of financing based on selected financing domains. The average scores are based on the opinions of respondents on each question/issue in the policy module and the weighted scales of the opinions are presented. A comparison of scores is also made across the policy domains **(Table 2).**

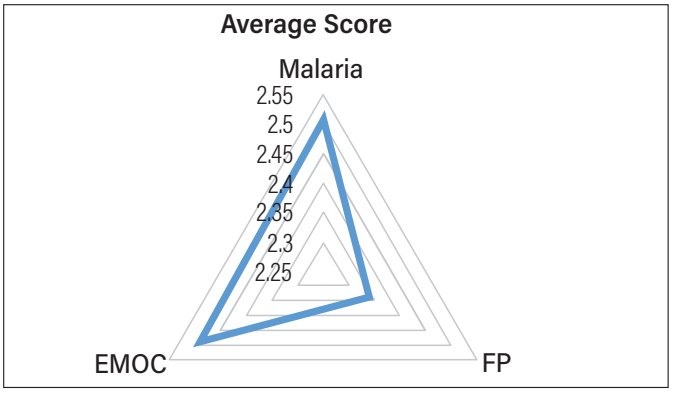
Table 2: Contribution of financing for program attributes to the first principal component

Attribute	EmOC		FP		Malaria	
	Mean (SD)	Factor Score/ weight	Mean (SD)	Factor Score/ weight	Mean (SD)	Factor Score/ weight
Funding adequacy	2.3 (1.3)	0.4*	2.1 (1.5)	0.4*	2.4 (1.3)	0.4*
Timely availability	2.4 (1.2)	0.4*	2.3 (1.6)	0.4*	2.4 (1.4)	0.4*
Favorable Allocations	2.3 (1.4)	0.3	2.2 (1.4)	0.4*	2.4 (1.4)	0.4*
Government Source	3.2 (1.5)	0.2**	2.5 (1.5)	0.1**	3.2 (1.6)	0.1**
Activity cost affordability	2.3 (1.4)	0.4*	2.2 (1.6)	0.4*	2.4 (1.4)	0.4*
Stable Funding	2.3 (1.5)	0.4*	2.1 (1.6)	0.3	2.4 (1.6)	0.4*
Sustainable Funding	2.3 (1.4)	0.4*	2.3 (1.5)	0.4*	2.1 (1.5)	0.3
Users' ability to pay	1.9 (0.9)	0.3	2.2 (1.3)	0.3	2.2 (1.3)	0.1**
Optimal Value	3.3 (1.3)	0.3	3.0 (1.6)	0.3	3.2 (1.4)	0.3

**** Most weighted ** Least weighted***

From the results in **Table 2**, the most critical attributes of programme financing based on the principle component analysis were: respondents agreed Funding adequacy, timely availability of funds, favorable allocations, activity cost affordability, stability of funding, and sustainability. Respondents noted that there was optimal value and benefits derived from the funds made available for the malaria programme (average score of 3.22). However, there was disagreement that the current level of financing for the malaria programme was sustainable (score 2.11). For family planning, most respondents agreed that there was optimal benefit and value derived from the funds made available to the programme (average score of 3.02), but adequacy of funding was a challenge and least favorable (average score of 2.01) (Average scores reported elsewhere).

Figure 1: Spider plot showing overall average scores for three selected policies



1 Hongoro C, Rutebemberwa E, Twalo T, Mwendera C, Douglas M, Mukuru M, Kasasa S, Ssengooba F: Analysis of selected policies towards universal health coverage in Uganda: the policy implementation barometer protocol. Archives of public health = Archives belges de sante publique 2018, 76:12.

Regarding financing of EmOC programmes, most respondents' scores ranged from moderate agreement to disagreement. A high average score of 3.27 was observed as the majority of respondents agreed that there was optimal value and benefits from the funds made available for the EmOC programme. However, there was a general view that users of the family planning services were unable to pay out of their pockets (score of 1.99) **(Table 2).** The overall average scores reflecting the overall opinion of respondents on program financing were 2.51 (malaria), 2.34 (family planning), and 2.49 (EmOC). There was an overall view that funding for these three policies needs to be improved across all evaluated financing domains **(Figure 1).**

Detailed responses to specific financing domains for each policy

We analysed individual specific responses to financing domains across the three policies/programmes. Indeed, respondents underscored the importance of financing for policy implementation. In terms of financing for the **malaria policy**, respondents had varied in opinions. From the results, 57% of responded opined that government was the main source of funding for malaria programming in Uganda, and 56% of the respondents agreed that there is optimal value and benefits from the funds currently available for the malaria program. It was however surprising to note that a number of respondents did not have any idea about the financial issues related to the malaria policy implementation, and about 23% could not tell if the malaria policy financing levels were sustainable **(Table 3).**

Table 3: Frequencies of responses to specific issues on financing of the malaria policy

Items	Don't know (%)	Strongly disagree (%)	Disagree (%)	Moderate (%)	Agree (%)	Strongly agree (%)	TOTAL
Funding adequacy (n1e)	7 (7%)	13 (13%)	35 (35%)	26 (26%)	11 (11%)	7 (7%)	99 (100%)
Timely availability (n2e)	13 (13%)	9 (9%)	31 (31%)	18 (18%)	24 (24%)	4 (4%)	99 (100%)
Favourable allocations (n3e)	14 (14%)	7 (7%)	33 (33%)	21 (21%)	21 (21%)	3 (3%)	99 (100%)
Government source (n4e)	8 (8%)	8 (8%)	23 (23%)	3 (3%)	34 (34%)	23 (23%)	99 (100%)
Activity costs affordability (n5e)	17 (17%)	6 (6%)	28 (28%)	22 (22%)	23 (23%)	3 (3%)	99 (100%)
Predictable funding (n6e)	20 (20%)	4 (4%)	26 (26%)	16 (16%)	27 (27%)	6 (6%)	99 (100%)
Sustainable funding (n7e)	23 (23%)	5 (5%)	31 (31%)	22 (22%)	14 (14%)	4 (4%)	99 (100%)
Users' ability to pay (n8e)	14 (14%)	10 (10%)	38 (38%)	19 (19%)	13 (13%)	5 (5%)	99 (100%)
Optimal value (n9e)	10 (10%)	1 (1%)	12 (12%)	20 (20%)	46 (46%)	10 (10%)	99 (100%)

In terms of financing for **family planning**, there were mixed perceptions on the financial support for the FP policy/programme with many respondents disagreeing that there is adequate financial support for the policy/programme. However, only 56% agreed that there is optimal value and benefits for the available funds to support the policy/programme **(Table 4).**

Table 4: Responses to specific issues on financing of the FP policy/programme

Items	Don't know (%)	Strongly disagree (%)	Disagree (%)	Moderate (%)	Agree (%)	Strongly agree (%)	TOTAL
Funding adequacy (n1e)	17 (20%)	12 (14%)	27 (32%)	11 (13%)	13 (15%)	5 (6%)	85 (100%)
Timely availability (n2e)	16 (19%)	8 (9%)	28 (33%)	9 (11%)	17 (20%)	7 (8%)	85 (100%)
Favourable allocations (n3e)	16 (19%)	6 (7%)	29 (34%)	16 (19%)	15 (18%)	3 (4%)	85 (100%)
Government source (n4e)	12 (14%)	8 (9%)	24 (28%)	12 (14%)	22 (26%)	7 (8%)	85 (100%)
Activity costs affordability (n5e)	22 (26%)	2 (2%)	25 (29%)	13 (15%)	16 (19%)	7 (8%)	85 (100%)
Stable funding (n6e)	23 (27%)	5 (6%)	25 (29%)	6 (7%)	22 (26%)	4 (5%)	85 (100%)
Sustainable funding (n7e)	15 (18%)	9 (11%)	23 (27%)	12 (14%)	23 (27%)	3 (4%)	85 (100%)
Users' ability to pay (n8e)	12 (14%)	7 (8%)	34 (40%)	16 (19%)	14 (16%)	2 (2%)	85 (100%)
Optimal value (n9e)	15 (18%)	2 (2%)	6 (7%)	15 (18%)	37 (44%)	10 (12%)	85 (100%)

In terms of financing for **Emergency Obstetric Care (EmOC)**, it can be seen that most respondents disagreed with the many issues regarding financing of the EmOC policy with 65% disagreeing that most users of the EmOC program are able to pay for the services, 61% disagreeing that the allocation of funds for emergency transport and referral activities for the programme are favorable. The main issues that the respondents highly agreed to include the optimal value and benefits from the available funds for the programme activities (58%), and that the government was the main source of funding to the programme activities (53%) of which 19% strongly agreed to this **(Table 5).**

Table 5: Frequencies of responses to specific issues on financing of the EmOC policy

Items	Don't know (%)	Strongly disagree (%)	Disagree (%)	Moderate (%)	Agree (%)	Strongly agree (%)	TOTAL
Funding adequacy (n1e)	7 (9%)	11 (14%)	29 (37%)	17 (22%)	12 (15%)	3 (4%)	79 (100%)
Timely availability (n2e)	5 (6%)	8 (10%)	31 (39%)	15 (19%)	19 (24%)	1 (1%)	79 (100%)
Favourable allocations (n3e)	5 (6%)	12 (15%)	36 (46%)	10 (13%)	12 (15%)	4 (5%)	79 (100%)
Government source (n4e)	5 (6%)	8 (10%)	14 (18%)	10 (13%)	27 (34%)	15 (19%)	79 (100%)
Activity costs affordability (n5e)	14 (18%)	5 (6%)	23 (29%)	22 (28%)	14 (18%)	1 (1%)	79 (100%)
Predictable funding (n6e)	14 (18%)	5 (6%)	27 (34%)	12 (15%)	17 (22%)	4 (5%)	79 (100%)
Sustainable funding (n7e)	12 (15%)	7 (9%)	25 (32%)	15 (19%)	17 (22%)	3 (4%)	79 (100%)
Users' ability to pay (n8e)	6 (8%)	13 (16%)	39 (49%)	19 (24%)	1 (1%)	1 (1%)	79 (100%)
Optimal value (n9e)	6 (8%)	3 (4%)	9 (11%)	15 (19%)	38 (48%)	8 (10%)	79 (100%)

Concluding remarks

The PIB study identified specific issues under each policy domain regarding challenges and enablers of policy implementation. The main challenges highlighted within programme financing for all the three policies or programmes, related to inadequate funding, untimeliness in the availability of funds, and the inability for services users to pay out of pocket for specific essential services. Other program challenges relating to workforce – including inadequate staff and deployment, and unreasonably low salaries that do not keep the workforce motivated – were all aspects that had a greater bearing on the level of programme financing. A comprehensive assessment of resources required to effectively implement these policies need to be undertaken. A framework of collaboration and coordination be developed for mobilizing and leveraging resources from various implementing partners and government MDAs that are working around these critical areas. More important, there is need to increase domestic resource allocation to these three critical policy areas and reduce over reliance on funding from development partners, for sustainability purposes. Finally, there is need to collaborate more with the private sector, including private shops to subsidise the costs of medicines, products, and more broadly services, to address circumstances where the public sector is overwhelmed by the demand.

SPEED Brief

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