WHAT ARE THE KEY ISSUES IN THE HEALTH SECTOR?

Overview

The health sector aims at producing a healthy and productive population that effectively contributes to socio-economic growth. This is achievable through provision of accessible and quality health care to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative care (Second National Development Plan [NDP II] 2015/16-2019/20 p.188)

Human capital development is a key priority in NDPII. The sector was allocated Ug shs 1,827.26billion in FY2016/17 representing a 44% increase in the allocation from the Ug shs 1,270.81billion allocated in FY2015/16.

The health sector has exhibited a good allocative efficiency through the investments in infrastructure and other services but a number of aspects in the sector that affect service delivery remain less attended.

The briefing paper highlights the three important aspects that require attention to enhance service delivery.

Key Issues

- Remuneration packages for health staff are inadequate.
- Inadequate staffing has in part resulted in non-utilisation of some key service delivery equipment.
- The health facilities are experiencing drug stock out in part due poor planning and budgeting resulting into a mismatch of supply and demand.
- Health facilities either lack, or received poor quality or incomplete packages of equipment.

Introduction

Good health is instrumental in facilitating socio-economic transformation. Over the years, Uganda has made some progress in improving the health conditions of the population.

The country has registered improvement in key health indicators: life expectancy at birth improved from 52years in 2008 to 54years in 2011. The pregnancy related mortality ratio was 368 deaths per 100,000 in 2016 while infant mortality rate was 43 deaths per 1,000 live births in 2016 (Uganda Demographic and Health Survey-2016). Despite the achievement and the good allocative efficiency that the sector exhibited, some important areas remain less considered.

State of Service Delivery

Physical access to health facilities, (proportion of the population living within 5km of health facility) performance was at 72% by the end of 2016. All the 112 districts in Uganda had either a hospital or HCIV or both regardless of the infrastructure condition. Despite this progress in service availability, significant challenges remain to improve the quality of service delivery and address continuing health status issues such as infant and maternal mortality. Primary health care remains difficult for some to access, and quality care is inconsistent.

Stock outs of drugs and supplies, inadequate Human Resources for Health (HRH), and lack of functioning equipment characterize the service delivery in the sector. The health system also does not invest sufficiently in prevention and public health services to minimize unhealthy behaviors that lead to increases in both non-communicable and infectious diseases. The following discussion presents the priority areas to enhance service delivery.

Priority Areas

a) Staffing

Health workers are the most important component of any health system: They design, and manage the system, and deliver preventive and curative services. They are also the largest component covering more than 60% of the total health budget in well-designed and facilitated health systems. Sufficient, competent, equitably distributed, motivated and facilitated health workers have to be available at all levels of the health system in order to achieve a good standard of health by all people in Uganda. **(***MoH, 2015 Human Resources for Health Bi-Annual Report***)**

In Uganda, the Central level institutions are better-staffed (74%) than health institutions at Local Government (LG) level who provide the front line medical services including the preventive services. This is not a good indicator in health service delivery.

The Health Centre IIs (HCIIs) and General Hospitals were the service levels with the most severe shortage, at 52% and 68% respectively (Table 1).

Table 1: Staffing at Different Level of Service in Public Sector FY2015/16

Cost Center	No. of units	Approved positions	%filled
MoH Head quarters	1	810	90
Mulago NRH	1	2,339	83
Butabika NRH	1	424	89
RRH	14	5,430	69
MoH Specialized Institutions			
Uganda Virus Research Institute	1	227	38
Uganda Cancer Institute	1	272	67
Uganda Heart Institute	1	192	57
Uganda Blood Transfusion Services	1	251	94
Subtotal at central level	**21**	**9,945**	74
Local governments			
DHOs offices	112	1,232	84
General Hospitals	47	8,930	68
HC IV	172	8,256	84
HCIII	920	17,451	79
HCII	1,628	14,651	53
Municipal Councils	28	224	86
Town Councils(Big)	3	21	52
Town Councils(Small)	121	605	32
Subtotal at Local government level	**3,031**	**51,370**	70
Grand National Total	**3,052**	**61,315**	71

Source: MoH HRH Biannual Report December 2015

Staff shortage is occasioned by delays in recruitment, and inadequate remuneration packages for health staff. As a result, some health staff are leaving government facilities to either work in the private health facilities or abroad.

Other health workers have however migrated or neglected duty even when their salaries have been increased. Health workers need to be fully engaged and satisfied with their employment conditions, and health standards and health education need to be aligned with the desired health outcomes (*African Centre for Global Health and Social Transformation ACHEST- 2017).*

Highly skilled health workers are migrating; Using the applications for certificates of good standing from Uganda Medical and Dental Practitioners Council as a proxy for immigrating surgical workers in Uganda, the cadre most subject to emigration was general practitioners, who accounted for 76% of health worker requests during the period 2010–2015. Other cadres of migrating health workers seeking letters of good standing were anaesthesiologists (5%), obstetricians (4%), ear, nose and throat surgeons (2%), and neurosurgeons (2%)-(ACHEST 2017).

Health workers generally prefer working in environments with good infrastructure, a supportive management system, they also prefer to go to places with opportunities for capacity building and career progression (Ibid).

Inadequate staffing has in part resulted in non utilisation of the equipment that are for instance maintained by Ministry of Health (MoH)

Approximately 80% of the ultrasound scanners maintained under the Districts Infrastructure Support Programme (DISP) in the districts HCIVs and hospitals did not have any specialist to operate them for two years (January 2015 to January 2017). This limited access to the service by the expectant mothers in districts like Tororo. The transfer of trained personnel operating the Ultrasound scanners without timely replacement intensified the non-utilization of equipment. This affected services in the facilities of; Bugembe HC IV and Walukuba HC IV in Jinja District, and Mukuju HC IV in Tororo District. Maintenance of the unutilized equipment is a waste of public resources.

b) Medicines and Health Supplies

In FY 2015/16, availability of health commodities as measured by a basket of 41 commodities was available 87% of the time they were demanded and an average of 52% of health facilities had over 95% availability of the basket of commodities. Despite the performance, about 25% of the health facilities still experienced a stock out of Essential Medicines and Health Supplies (EMHS).

The health facilities experienced drug stock outs in part due to inadequate management information systems to track drugs ordered, dispensed, prescribed, and balances; poor planning and budgeting resulting into a mismatch of supply and demand, and the fixed or reduced budgets against increasing number of patients as it were at Bugiri Hospital. At Kitagata Hospital, the six tracer medicines and gloves ran out two weeks after National Medical Stores (NMS) made deliveries.

The drug stock outs amplify the out of pocket expenditure on health, which is already high. In Uganda, 37% of health expenditure that is contributed by household is majorly out of pocket spending which is far above World Health Organization (WHO) recommended maximum of 20%.

c) Equipment Related Constraints

- **Acute lack**

Some of the health facilities such Pallisa General Hospital in Pallisa, Kiyunga HC IV in Luuka and Lalogi HCIV in Gulu district lacked essential equipment for instance: medical beds, bedside lockers, Blood Pressure(BP) machines, cabinets, drip stands, weighing scales among others. At Pallisa General Hospital, the hospital was using obsolete baby weighing machine (*BMAU Annual Report FY2015/16).*

New born weighing scale in the labor suite at Pallisa General Hospital

- **Poor quality of delivered equipment**

Some of the health facilities received poor quality equipment. The delivery set procured for Kisozi HCIII in Gomba district under the DISP rusted in less than six months after delivery. Two out of six BP machines in the same units were faulty as they provided wrong results (*BMAU Annual Report FY2013/14).*

The delivery bed supplied to Lalogi HCIV in Gulu district under the Uganda Health Systems Strengthening Project (UHSSP) had rusted, (*Annual BMAU Report FY2015/16)* while the one supplied to Kiryandongo Hospital in Kiryandongo district had broken down. At Mityana General Hospital, equipment such as patient trolleys, incubator, delivery beds, lockable cupboards and

examination couches broke down in less than three months of use (*Annual BMAU Report FY2013/14*).

Rusty poor quality delivery bed supplied under UHSSP in Lalogi HCIV, Gulu district

The health facilities continued to use the poor equipment due to lack of alternatives, which was a health risk to the patients.

Incomplete packages

At Soroti Regional Referral Hospital (RRH), a number of delivered equipment under Global Alliance for Vaccines Initiative (GAVI) (*Annual BMAU Report FY2013/14*) lacked adequate complementary items for equipment supplied, for example, glucometer machines (used to measure glucose levels among diabetic patients) lacked strips, Blood Pressure (BP) digital machines lacked replacement batteries, and vaccine syringes lacked diluting agents. Not all these were readily available on the local market.

At Moroto Regional Referral and Iganga General Hospital, the dental units that were delivered under UHSSP had missing components. For instance, high and low speed hard pieces, disposal suckers, ultra-sonic scalars all of which affected effective use of the dental chair (*Semi-annual BMAU Monitoring Report FY2016/17*). Delivery of incomplete packages indicates a lapse in supervision from the MoH and limited coordination with the final equipment users.

Conclusion

The health sector's allocative efficiency is good as demonstrated in the improvement of access to health facilities. The salient factors key in service delivery such as staffing, availability of essential medicines, and functionality of delivered equipment however requires due prioritization.

Recommendations

i) The Health Service Commission, LGs, MoH should fast track filling of human resource gaps in the sector. This should be done alongside improvement of remuneration and accommodation packages to ensure retention of the staff.

ii) The MoH should improve its planning, budgeting and coordination efforts to ensure a match between the demand and supply of essential medicines.

iii) The MoH should enhance supervisory works on the contracted companies to ensure quality and completeness of works, goods and services.

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