

The Right to Health in Uganda

Stakeholder Report on Uganda - Submission by World Vision Uganda For Universal Periodic Review, Twelfth Cycle, November-December 2011

1 Introduction

1.1 The context

Uganda is a state party to the Convention on the Rights of the Child, the Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of Violence against Women and other international, regional and national agreements enshrining the human right to health. The Government is to be commended for its efforts in striving to achieve the Millennium Development Goals by 2015. However, in order to do so, Uganda must take greater steps to ensure health for its people.

The population of Uganda is projected to be 31 million (UBOS 2009) and children constitute over 50%. An estimated proportion of 80% of the population live in rural areas and poverty levels stand at 31% of the total population¹.

Uganda experiences persistent ill health and deaths among children below the age of five, with implications on the quality of life for the future generation. The current under-five mortality rate is 137 deaths per 1000 live birth as compared to the MDG target of 56 deaths per 1000 live births (MDG report 2009). Overall, 70% of the child mortality is due to Malaria, diarrhea, pneumonia and malnutrition (Uganda National Survival Strategy, 2009). Malnutrition alone accounts for 60% of children's death below the age of five.

1.2 World Vision Uganda – a brief overview

World Vision Uganda is a Christian, relief development and advocacy organization dedicated to working with children, families and their communities to reach their full potential by tackling the causes of poverty and injustice.

¹ Uganda Demographic and Household Survey (2006)

WVU has a presence in over 50 districts in Uganda and works with partners to enable children realize their well being aspirations of;

- good health,
- education for life,
- care protection and participation
- With opportunities to experience God's love and their neighbors.

Child health is one of the sector areas of focus alongside primary education and livelihoods. In terms of program delivery we work with partners to tackle structural causes of poverty through advocacy, basing on experiences from long term development interventions.

2 Particular areas of progress and continuing concerns

2.1 Review of the MD4 and targets

As observed in the recent MDG report (2009), Uganda is unlikely to meet the targets set specifically in relation to MDG 4 and 5. The target for MDG 4 is to reduce the under-five mortality rate from 167 to 56 per 1000 live births by 2015. Currently, the under-five mortality rate is 137 per 1000 live births, where malaria and malnutrition account for significant proportion of the children's deaths. The target for MDG 5 is to reduce the maternal mortality ratio from 523 to 131 per 100,000 live births, by 2015 and the current status is 435 per 100,000 live births.

Between 2008 and 2010ⁱ, the number of deaths of children under the age of five increased from 188,000 to 190,000ⁱⁱ. Neonatal causes continue to account for 24% of these deaths. However, deaths from diarrhoea reduced from 17% to 16%, undoubtedly linked to the increased coverage of clean water from 60% to 67%, and the level of access to sanitation increasing from 43% to 48%. There was a marked reduction of pneumonia deaths, from accounting for 21% of deaths to only 12%. The number of children for whom care was sought when they had pneumonia increased from 67% to 73%, and of these, the numbers treated with antibiotic expanded from 0 to 47%. Deaths from malaria reduced from 23% to 22%, deaths from HIV/AIDS reduced from 8 to 5% and deaths from Measles have gone down from 3% to 2%. The number of health workers increased from 0.8 to 1.43 per 1000 population.

This indicates that marked progress has occurred in reducing pneumonia deaths, measles and HIV, but challenges remain to reduce the number of deaths due to malaria, diarrhoea and inadequate care of newborn infants.

Concerning malaria, despite the high number of deaths it causes, only 10% of children sleep under a bed net. Only 40% of children with diarrhea receive Oral-rehydration Therapy, and only 42% of women give birth with a skilled attendant present. Village health attendants who help deliver many mothers in rural areas do not have the necessary birth equipment and often handle mothers with their bare hands, exposing the newborn to infection.

2.2 Availability of medicines

The Uganda National Minimum Health Care Package (UNMHCP) seeks to ensure free health services for all at the point of access. Most interventions under the UNMHCP depend on access to essential medicines and health supplies. The National Medicines Policy aims at ensuring at all times availability and accessibility of adequate quantities of affordable, efficacious, safe and good quality essential medicines and health supplies to all. However, the implementation of the National Medicines Policy is challenging as many health units regularly run out of medicines.

2.3 Corruption and abuse

Corruption in the health sectors has resulted in a culture of impunity allowing health workers to steal drugs meant for patients, knowingly dispense expired medicine, and physically and verbally abuse patients. The increased occurrence of these abuses can be attributed in part to the demoralization of health workers due to work overload, restrictions on recruitment and low salary packages.

Other factors which diminish Ugandans citizens access to basic health care include a shortage of basic materials as well as medicines in the health centers, inadequate conditions of the roads to major health centers – particularly in rural areas, and a high doctor-to-patient ratio.

The health services delivery systems and structure remains inadequate, specifically in rural areas. In terms of human resources, Uganda is far below international standards; one doctor per 24,724 people as compared to World Health Organization (WHO) standards of one doctor per 800 people (NDP 2010). Furthermore, for every 100,000 citizens there are eight medical doctors, 55 nurses and 16 mid-wives. However, most medical workers have preference to work in urban areas, leaving rural areas grossly underserved. For example, 64% of the nurses and 71% of the doctors in Uganda, work in central region (World Bank 2009).

2.4 National Health Spending

On average, Uganda Government allocates 9.6% of its total national budget to the health sector (Health Fiscal Space, 2009). National health spending in 2010 remained at 10%, as it had been in 2008, and is not aligning with national priorities. This implies that the Government has not lived up its commitments made in the Abuja declaration (2001) where the African Union Heads of States and Government agreed to allocate 15% of the national domestic budget to the health sector.

Furthermore, the Minimum Service Standards Study (MoH 2009) estimates the per capita cost of providing minimum health care package at US dollars (USD) 412. However, in 2008/09, USD 10.4 per capita was allocated.

Inadequate funding combined with misappropriation of funds impacts negatively on delivery of health services, especially in rural areas. An annual leakage of 3 billion Uganda Shillings is estimated (National Development Plan (NDP) 2010).

Donors are primarily funding HIV programmes, which are not in the budget, but are not funding other national priorities. This has had a negative impact on health sector effectiveness. The Government of Uganda must be supported to have more autonomy with respect to its national health spending, along with the development of increased mechanisms for accountability.

3 Recommendations

3.1 Health Financing:

The Government of Uganda must increase to 15% the current allocation of 10% of the national budget to the health sector, and increase the per capita expenditure by at least US \$ 1 every year. Without increasing financial resources, efforts to expand and improve health services will fail to make real change.

The Government of Uganda must work with development partners to fund the Health Sector Strategic Plan in accordance with the Paris Declaration on Aid Effectiveness of 2005 and the International Health Partnerships, with an emphasis on strengthening the health sector without compromising progress in disease-specific interventions around HIV/AIDS, tuberculosis, and malaria.

3.2 Human Resources for Health:

The Government of Uganda must continue to address human resource constraints and aim to achieve 2.5 health workers per 1000 population. Recruiting, adequately training and retaining sufficient numbers of health workers must be at the cornerstone of the priorities of the Ministry of Health, taking into consideration recommendations from the World Health Organizations with particular respect to the retention of health workers in rural and hard-to-reach areas.

3.3 Access to Health Care:

Identify and address barriers which deter patients seeking health care, such as difficult physical access to facilities, especially in rural areas, and the corrupt and abusive treatment given by some health workers, which in turn should be addressed by examining and improving their working conditions.

3.3 Essential medicines and health supplies:

The continuous availability of medicines, health commodities, and equipment for patients and health workers alike is a critical factor in the prevention and treatment of disease in this country. The funds, infrastructure and capacity to manage drugs and supplies in health centers and hospitals throughout the country must be prioritized as a central component to all other Ministry of Health efforts.

3.4 Delivery of the Uganda minimum Health Care Package (UMHCP):

The UMHCP is guaranteed to all Ugandans, yet certain elements of this package are prioritized while others are neglected. Those elements largely funded by donors also require sufficient and progressively increasing investment by the Government from domestic resources.

^{i i} Countdown to Child Survival by 2015: Report on the decade 2000-2010 WHO and UNICEF

ⁱⁱ The World Bank estimates the population of Uganda to be 31.6 million