COUNTRY FACTSHEET: UGANDA 2020

Strategic Purchasing for Primary Health Care (SP4PHC) is a multi-country project implemented by ThinkWell with support from the Bill & Melinda Gates Foundation. Its purpose is to improve how governments pay providers for primary health care (PHC) services, with a focus on family planning (FP) and maternal, newborn, and child health (MNCH). The project is implementing programs of work in Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda. We developed factsheets for each of the five countries that serve as a data reference for the strategies we chose within each.

Demographic & Socioeconomic Characteristics

<table>
<thead>
<tr>
<th>Indicator (2019)</th>
<th>Uganda</th>
<th>Burkina Faso</th>
<th>Kenya</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (million)</td>
<td>42.7</td>
<td>19.7</td>
<td>52.6</td>
<td>N/A</td>
</tr>
<tr>
<td>Population growth (annual %)</td>
<td>3.3</td>
<td>2.9</td>
<td>2.3</td>
<td>2.7</td>
</tr>
<tr>
<td>Urban population (% of total population)</td>
<td>24.4</td>
<td>29.4</td>
<td>27.5</td>
<td>40.7</td>
</tr>
<tr>
<td>Poverty headcount ratio at $1.90 a day (% of population)</td>
<td>41.7 (2016)</td>
<td>43.7 (2016)</td>
<td>36.8 (2015)</td>
<td>42.3 (2015)</td>
</tr>
<tr>
<td>Human Development Index Rank (out of 189)</td>
<td>159</td>
<td>182</td>
<td>147</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Poverty rates and estimated rural and urban poor populations in Uganda (2002-2017)

*According to the Uganda Bureau of Statistics, the poverty rate is calculated as the percentage of the populace with an average annual consumption expenditure per adult less than UGX 46,233


Population distribution by age group and residence (2014)

Source: Uganda Census 2014
Uganda’s performance for FP is poor and uptake of modern contraceptive prevalence (mCPR) is low (29.2%). The contraceptive method mix in Uganda is skewed towards short-term methods (71.5%). Nearly 33% of married women have an unmet need for contraception. There are large mCPR disparities across education and wealth groups. Government facilities represent the primary source for modern contraceptives; however, private and faith-based facilities play an influential role in the provision of FP services. Of women using contraception, injectable (51.3%), implant (17.3%), and male condom (11.4%) are the most common methods.

Trends in mCPR (all women), unmet need (married/in-union women), and total fertility rate (all women), comparing Uganda and Sub-Saharan Africa (2012-2018)

Source: Track20 2019 (mCPR and unmet need for FP), World Bank 2019 (total fertility rate)
Family planning methods used by all women in Uganda (% of all women of reproductive age, 2019)

- Injectable (51.4%)
- Condom (11.4%)
- Pill (5.5%)
- Intrauterine device (4.1%)
- Implant (17.3%)
- Female sterilization (6.6%)
- Male sterilization (0.4%)
- Lactational amenorrhea method (2.2%)
- Other modern method (1.1%)

Source: Track20 2019

Trends in mCPR (all women), demand satisfied (married women), and maternal deaths averted (2012-2019)

Source: Track20 2019
mCPR comparison across key domains (all women, 2016)

Provider source for women accessing family planning by method type (2016)

*Other includes shops, churches, and friends/relatives.
Source: Uganda DHS 2016
The maternal mortality ratio (MMR) in Uganda remains high at a ratio of 375 deaths per 100,000 live births, despite an increase in the proportion of births in facilities and antenatal (ANC) and postnatal (PNC) coverage nationwide. Most maternal deliveries are in public facilities, but private facilities play a large role especially in urban areas. While the rate of deliveries in facilities is growing, rural women are nearly 20% more likely to deliver at home than their urban counterparts. There are also significant differences in utilization of delivery and PNC services between women of different socioeconomic backgrounds.

**Trends in ANC, Skilled Birth Attendance, C-Sections, and MMR (1998-2016)**

![Graph showing trends in ANC, Skilled Birth Attendance, C-Sections, and MMR (1998-2016)](image)

Source: WHO 2019 (c-section, delivery in health facility); World Bank 2019 (skilled birth attendant, MMR); Uganda DHS 2016 (ANC +4)

**Proportion of deliveries by facility type (2016)**

![Pie chart showing proportion of deliveries by facility type (2016)](image)

Source: Uganda DHS 2016
Percentage of deliveries by place of delivery and wealth quintiles (2016)

Source: Uganda DHS 2016

Place of delivery by residence (2016)

Source: Uganda DHS 2016
Health Financing Indicators

Uganda has a mixed health system, both in terms of who purchases healthcare and the provision of health services. There are three main purchasers of health services in Uganda: Government of Uganda (including both the national government and district authorities), external development partners, and individual households via out-of-pocket (OOP) payments. While government health expenditure is heavily committed towards primary health care, Uganda’s government expenditure does not prioritize health as a part of government spending. The health sector is heavily dependent on foreign assistance, resulting in fragmentation and a lack of sustainability. High OOP expenditures are significant financial barriers to care.

<table>
<thead>
<tr>
<th>Health Financing Indicators (2017)</th>
<th>Uganda</th>
<th>Sub-Saharan Africa</th>
<th>Low Income Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current health expenditure (CHE) per capita in US$</td>
<td>39.9</td>
<td>121.5</td>
<td>32.9</td>
</tr>
<tr>
<td>Domestic general government health expenditure as % of CHE</td>
<td>15.5</td>
<td>36.1</td>
<td>20.1</td>
</tr>
<tr>
<td>External expenditures as % of CHE</td>
<td>43.2</td>
<td>11.2</td>
<td>22.2</td>
</tr>
<tr>
<td>OOP expenditure as % of CHE</td>
<td>38.6</td>
<td>35.3</td>
<td>51.5</td>
</tr>
<tr>
<td>Current PHC expenditure as % of CHE</td>
<td>59.0</td>
<td>65.0 (2016)</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Uganda Health Accounts 2015/16, Global Health Expenditure Database 2017

Trends in OOP expenditure as a percentage of current health expenditure, comparing Uganda and Sub-Saharan Africa (2000-2016)

Source: World Bank 2019
Proportion of current health expenditure (2016)

External health expenditure (43%)
Government health expenditure (16%)
Voluntary health insurance (2%)
OOP (39%)

Government health expenditure by health area (2016)

Injuries (5%)
Infectious diseases (18%)
Non-communicable diseases (8%)
Primary health care (43%)
Other (26%)

Source: Global Health Expenditure Database 2019; Uganda National Health Accounts 2016; Primary Health Care Performance Initiative 2018
The table below provides key details about the main purchasers of health services in Uganda.

<table>
<thead>
<tr>
<th>PURCHASER ATTRIBUTES</th>
<th>National Government (Ministry of Health [MoH] &amp; Ministry of Finance, Planning and Economic Development [MoFPED])</th>
<th>Health Development Partners (e.g. results-based financing [RBF], voucher programs)</th>
<th>Community Based (CBHI) and Private Health Insurance (PHI) Schemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of revenue (e.g. taxes, contribution)</td>
<td>Taxes, loans, and grants planned and allocated by MOH and transferred to service units by the Ministry of Finance, Planning and Economic Development (MoFPED)</td>
<td>Multi-lateral, bi-lateral, and private/foundation grants</td>
<td>Member pre-payments (CBHI) and insurance premiums</td>
</tr>
<tr>
<td>Benefits/services covered (PHC, hospitalization, inpatient, outpatient)</td>
<td>Stewardship, management, administration, and monitoring service provision based on the Uganda National Minimum Health Care Package (UNMHCP)</td>
<td>Benefits supported based on donor priorities and project scope. Strong focus on HIV/AIDS, malaria, RMNCAH, and TB</td>
<td>CBHI covers PHC services from a single provider. PHI covers defined benefit package through networked providers that varies by scheme. Current insurance coverage is &lt;2% of the population</td>
</tr>
<tr>
<td>Types of facilities included (referral hospitals, health centers, health posts, etc.)</td>
<td>Benefits provided to all Uganda residents based on the UNMHCP and the Uganda Clinical Guidelines. Public facility services are provided for free except in private wings</td>
<td>Public, PNFP, private facilities, and community-based care</td>
<td>Private wings in public hospitals, private, and PNFP facilities</td>
</tr>
<tr>
<td>Provider payment methods (with FP and MNCH specifics)</td>
<td>All public facilities (national and regional referral hospitals, district hospitals, health centers II-IV, Village Health Teams*) and contracted private not-for-profit (PNFP) facilities</td>
<td>Monthly salaries and quarterly transfers of PHC grants, NMS provides drugs and supplies, and performance-based payments to public facilities, Joint Medical Stores for PNFPs</td>
<td>Capitation payments (CBHI) and direct payment for provider claims of member used services (PHI)</td>
</tr>
</tbody>
</table>

*Most CBHI schemes are heavily subsidized by HDPs.

*Health insurance in the overall health financing landscape is very small at less than 0.1% of CHE

*Village health teams: volunteer community health workers who deliver predominantly health education, preventive services, and simple curative services in communities

HC II: Health center provides outpatient services and is intended to serve 5000 people.

HC III: Health center provides outpatient services and is intended to serve 10,000 people.

HC IV: Health center provides outpatient and surgical services. It is intended to serve 10,000 people.
**Harmonizing and strengthening purchasing arrangements**

SP4PHC is supporting the MoH to evaluate existing purchasing schemes (including both government and donor-based ones) to better understand how they are functioning upstream and influencing providers downstream. SP4PHC also conducted in-depth evaluations of key purchasing schemes, like results-based financing and voucher programs, and mapped the lessons learned from these mechanisms to existing and future public health system corollaries. SP4PHC has featured findings from a recent review of two large-scale voucher programs below. Through national-level discussions on emerging policy reforms like the Uganda Intergovernmental Fiscal Transfers program (UgIFT) and the proposed National Health Insurance Scheme (NHIS), SP4PHC is building consensus around approaches to make purchasing of Ugandan health services, especially FP and MNCH at the PHC level, more strategic.

**Finance flows and in-kind support to facilities in Uganda**

- **Ministry of Finance**
- **Ministry of Health**
- **Local Governments**
- **National Medical Stores (Public)**
- **Joint Medical Stores (PNFP)**
- **Vertical Programs**
- **Semi-Autonomous National Institutions**

- **Donors**
  - 15.7% of CHE
  - Only 21% of donor funding is "on-budget" with government
  - 41.7% of CHE
  - Direct project-based support to facilities

- **Government of Uganda**

- **Medicines & Supplies**

- **Finance Flows**

- **Private**
  - 42.6% of CHE
  - 95% of private expenditure is out-of-pocket payments which include service fees to facilities

- **Public facilities**
  - n = 3,133 (45.2%)

- **Non-profit facilities**
  - n = 1,008 (14.5%)

- **Private facilities**
  - n = 2,976 (40.3%)
Analytical review of large-scale voucher programs in Uganda

This evaluation reviewed the design, implementation, and impact of two large-scale voucher programs set to end in 2020: (i) USAID Voucher Plus Activity (Voucher+) and (ii) the World Bank Reproductive Health Voucher Project Phase II (URHVP). In-depth interviews and focus group discussions with key planners, implementers, and other stakeholders were complemented by quantitative analysis of program data. These were triangulated to not only provide insights into what worked and did not work but findings were tied to existing corollaries and emerging policy reforms within the Ugandan health system. In this way, findings and lessons learned inform how to make purchasing mechanisms across the system more strategic.

Trends of vouchers redeemed under URHVP by service type (February 2016-October 2019)

Source: World Bank/Marie Stopes Uganda 2020
Vouchers redeemed by service type under URHVP (February 2016-October 2019)

Source: World Bank/Marie Stopes Uganda 2020

Trends of vouchers redeemed in the Voucher+ project by service type (October 2016-February 2020)

Source: World Bank/Marie Stopes Uganda 2020
Vouchers redeemed by service type under Voucher+ (October 2016-February 2020)

Source: USAID/Abt Associates 2020

Progressive quality improvement trends in Voucher+ facilities by region and facility ownership (2016-2019)

Note: 2016, 2017, 2018, and 2019 for each type of ownership broken down by region. Color shows details about 2016, 2017, 2018, and 2019. Details are show for facility. The view is filtered on type of ownership, which includes private-for-profit (PFP) and private-not-for-profit (PNFP).

Source: USAID/Abt Associates 2020

Recommended citation