

# Management of Social Services

**Week 5: HEALTH AS A SOCIAL  
SERVICE (Policy)**

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# Recap – previous week

## Health as a Social Service: Healthcare delivery structure

- **Uganda's healthcare system**
  - **Composition**
  - **Public healthcare delivery structure**
- **Comparative analysis - Kenya, China, Netherlands healthcare delivery structures**

This week ...

# Health as a Social Service

Analyzing Uganda's healthcare policy and its  
implication

Fig. 1: AI- generated



# This week – Objectives

- 1. Explore** the core vision, mission, and guiding principles of Uganda's National Health Policy.
- 2. Analyse** the key challenges in Uganda's health sector that policy aimed to address.
- 3. Evaluate** the NHPII policy performance and the strategies and objectives of the NHPIII.
- 4. Examine** broader policy implications for equity, development, and the role of the state.

## The Constitutional Mandate

"The State shall provide basic health services to the people." 1995 constitution

Health is not a commodity, but a **fundamental human right** and a prerequisite for socio-economic development.

The NHP III - the primary instrument to fulfil this constitutional obligation.

# The Third National Health Policy (2022)

*Accelerating Movement towards Universal Health Coverage and Aligning with the Sustainable Development Goals*



the Republic of Uganda

Ministry of Health

# The Foundation: lessons from The second National Health Policy (2010-2020)

The **WHAT** and the **WHERE**

Its main goal was to define *what* needed to be provided *where*.

Focused on UNMHCP and decentralising service delivery

# NHPHII: Vision & Mission

## Vision

A healthy and productive population that contributes to socio-economic growth and national development.

## Goal

To attain a **good standard of health for all people** in Uganda

## Mission

To provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels.

# NHP II: Guiding Principles

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## Primary Health Care

Major strategy for health service delivery based on district health system with emphasis on health promotion and prevention

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## Decentralization

Health services delivered within decentralization framework with districts managing service delivery

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04

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## **Gender-Sensitive Care**

Mainstreaming gender in planning and implementation of all health programs

03

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## **Evidence-Based Strategy**

Implementation based on evidence, forward-looking and responsive to emerging trends

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## **Pro-Poor & Sustainable**

Special attention to under-served areas and vulnerable populations with sustainable financing

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# NPHII: Key Health Challenges



## Mortality

### Leading Causes

Malaria (32%), perinatal conditions (18%), meningitis (10%), pneumonia (8%), HIV/AIDS (5.6%), and malnutrition (4.6%) account for 70% of child mortality.



## Non-Communicable Diseases

Emerging problem due to unhealthy lifestyles, increasing life expectancy, and metabolic side effects from lifelong antiretroviral treatment.



## Social factors

31% live below poverty line. Direct relationship exists between poverty and diseases like malaria, malnutrition, and diarrhea.

# NHPII: Systemic weaknesses

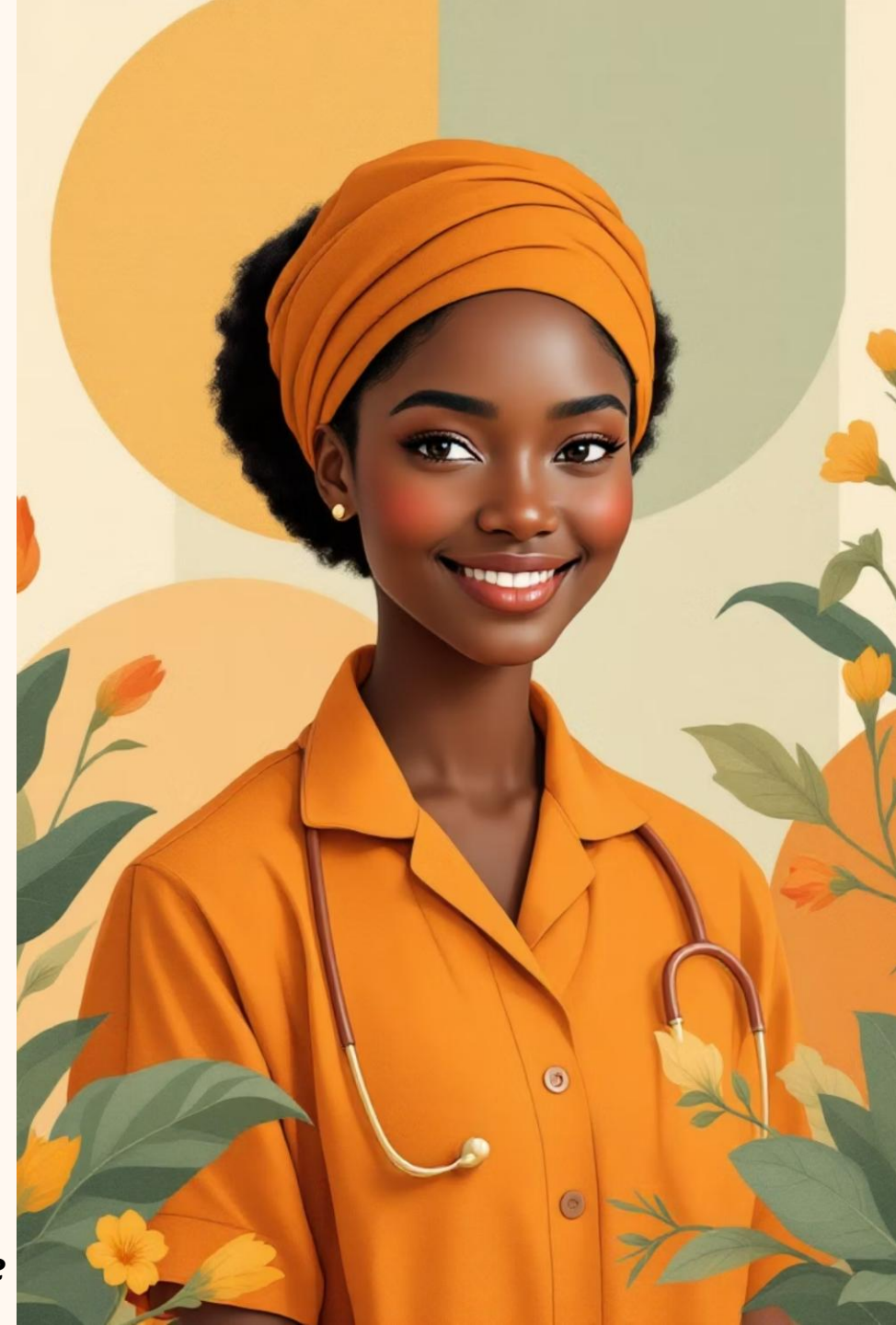
## Human Resources limitations

Only 51% of approved positions filled at national level.  
Critical shortages of midwives, doctors, nutritionists, anesthetists, pharmacists, and laboratory staff.

## Financing limitations

Low government spending  
High out-of-pocket spending leading to catastrophic health expenditure, and creating inequalities

**Fig. 2: Health system Human resource**



## Medicines & Supplies limitations

Only 28% of health facilities have constant medicine supply throughout the year. Only 30% of essential medicines funded in medium-term expenditure framework.

## Infrastructure

Inequitable distribution of infrastructure

Old and worn-out facilities

Poor waste management



**Fig. 3: Health system medical supplies**

# **NPHII: KEY Strategic Response – Policy Objectives & Key Interventions**

# The central pillar: The Uganda National Minimum Health Care Package (UNMHCP)

The most cost-effective interventions to address the high disease burden.



## Health Promotion & Prevention

Environmental health, disease prevention, community health initiatives, epidemic preparedness and response



## Maternal & Child Health

Comprehensive care for mothers and children including reproductive health services



## Communicable Diseases Control

Prevention, management and control of infectious diseases including HIV/AIDS, malaria, tuberculosis



## Non-Communicable Diseases control

Prevention, management and control of chronic conditions like diabetes, hypertension, cancer

# Strategies for tackling the human resource crisis

- **Improve Management**

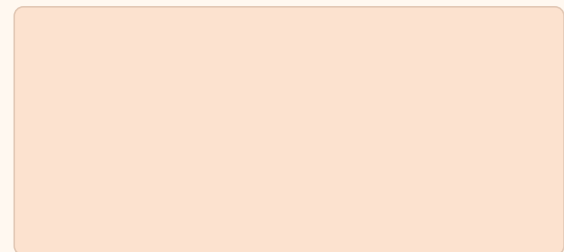
Strengthen leadership and supervision

- **Produce & Recruit**

Increase numbers and improve skill mix

- **Retain & Motivate**

Review remuneration, provide incentives for hard-to-reach areas,  
ensure career development



# Strategies for equitable and sustainable financing

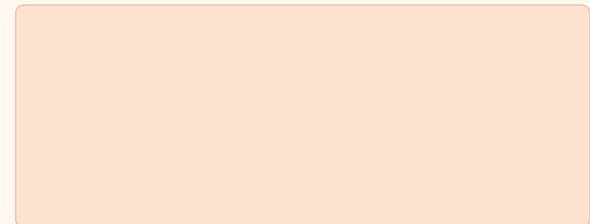


Increase government budget allocation



**Explore pre-payment and risk-pooling mechanisms,**

- National Health Insurance
- Community-based insurance



# Strategies for strengthening system through Partnerships



# NHP II: Policy performance

Indicator	NHP II Baseline (~2010)	Current Status (Latest Available Data)	Source & Implication
<b>Total Population</b>	32.2 million	<b>45.9 million</b> (2024)	<b>UBOS 2024 Projection.</b> Massive growth = increased demand on all social services, including health.
<b>Life Expectancy</b>	52 years	<b>63.4 years</b> (UBOS, 2022)	<b>UBOS Statistical Abstract 2022.</b> Clear improvement, but still below global and East African averages.
<b>Under-5 Mortality</b>	137/1,000	<b>52/1,000</b> (UBOS, 2022)	<b>UBOS Statistical Abstract 2022.</b> Improved, but far from SDG targets.
<b>Maternal Mortality</b>	435/100,000	<b>189/100,000</b> (2023)	<b>Uganda MOH &amp; WHO.</b> Improved but far from SDG target of 70/100,000.

Indicator	NHP II Baseline (~2010)	Current Status (Latest UBOS & National Data)	Source & Implication
Stunting in Children	38.5%	24% (UDHS 2022-23)	UDHS 2022-23. Positive trend, but chronic malnutrition remains a critical issue.
Infant Mortality Rate	75/1,000	36/1,000 (UDHS 2022)	UBOS/UDHS 2022. Significant progress, but absolute number of infant deaths remains high due to large population.
Fertility Rate (TFR)	6.7	5.2 (UDHS 2022)	UBOS/UDHS 2022. Declining, but remains one of the highest globally, driving the youth bulge.
Contraceptive Prevalence (Modern)	24%	43% (UDHS 2022)	UBOS/UDHS 2022. Improvement shows policy focus, but unmet need remains a barrier to development.

# Persistent weaknesses

## The Human Resource Crisis

- **In 2010)** - 51% of healthcare posts filled; reflecting critical shortages.
- **Now** - The number of health workers has increased, BUT the **ratio of health workers to the population** remains critically low. The system is chasing a moving target due to population growth. A 2023 Ministry of Health report acknowledges that staffing norms are not met in over 80% of facilities.

## Quality Concerns

- The NPHII concerned itself with access to healthcare through mainly decentralization of healthcare delivery facilities. **UBOS data** shows that most households live within 5km of a health facility. The problem is no longer purely *physical access*, but rather **effective access** to a functional facility with drugs, equipment, and skilled health workers.

## Health Financing – chronic underfunding

- **In 2010** - Gov't spending on health was reported at 9.6% of total budget.
- **Now - Government health expenditure is only 6-7% of the total national budget** (World Bank, 2022).
- **From the UBOS Context** - With a population of 45.9 million, the limited health budget is stretched incredibly thin. The **per capita government spending on health** remains very low (approximately **UGX 40,000 or ~\$10 USD**), and insufficient to provide quality UNMHCP services.
- **Out-of-Pocket Expenditure** remains terribly high at **42%** (WHO).

The NHP II successfully expanded *access* through decentralization and UNMHCP services, but struggles in *quality, equity, and sustainable financing* stood out.

This is the exact challenge the NHP III was designed to solve.

# Policy evolution ...

**NHP II (2010-2020):** Laid the foundational groundwork with the UNMHCP and focused on decentralizing service delivery.

**NHP III (2022-2030):** Is the *next-level* strategy, aiming to *deepen* the system by fixing the core weaknesses identified in NHP II—specifically, the quality of primary care and the financing model—to achieve UHC.

# The new direction ...

## **NHP III (2022-2030): The "How" and "How Well"**

**Focus:** Transforming the *quality and financing*.

Policy main goal is to fix *how* services are delivered (quality, efficiency) and *how* they are paid for (UHC, NHIS), ensuring the system works effectively.



# NHP III: Core shift

From Access to **quality** and **financial protection**

A shift from **Treating Sickness in Facilities** to **Guaranteeing Health and Well-being for Populations.**

Reorientation of the entire system towards **proactive, preventive, and people-centered care, financed** in a way that does not impoverish the people.

# NHP III: Direction ...

## **MISSION**

To promote and ensure Universal Health Coverage in Uganda through evidence-based and technically sound policies, standards and strategies that are client centered.

## **VISION**

A responsive, resilient and people centered health system that protects and promotes the health and wellbeing of all the people in Uganda.

# NHP III: Key pillars – Goals

## **1. Transformative Governance – leadership and accountability**

To Create a Smarter, more accountable and more responsive health system leadership.

## **2. Population-Centered Health Services:**

To make primary healthcare strong and reliable - Quality PHC, and health promotion.

## **3. Health Security:**

To Protect the population from public health emergencies - Being ready for the next pandemic.

## **4. Vibrant Health Care Industry:**

To develop a self-reliant and innovative health sector - Local production of medicines, digital health.

# NHP III: Key Strategies

## Governance Strategies:

**Decentralization:** Moving beyond just delegating tasks to districts.

- Building *real management capacity* at local levels and
- Improving coordination between national, regional, and district tiers.

## Data-Driven Decision Making:

- Strengthen the Health Management Information System (HMIS) to provide real-time data that managers can use to solve problems, not just report statistics.

## Enhanced Regulation:

Strengthen professional councils and regulatory bodies to enforce standards and ensure accountability across both public and private sectors.

# Strategies for people-centered health services

## Unlocking PHC":

- **Making HCIs and HCIIIs fully functional:** Ensuring they have the necessary drugs, equipment, and skilled staff (especially mid-level providers) to handle 80-90% of health needs.
- **Empowering VHTs:** Transforming Village Health Teams from volunteers who give health education into a formal, recognized, and supported part of the health workforce.

## Integrated Service Delivery:

- Breaking down vertical programs (e.g., separate HIV, malaria clinics) to offer a full package of care at one point, making it more convenient for the client.

**Focus on Health Promotion & Prevention:** Actively addressing social determinants (like water and sanitation) and promoting healthy lifestyles to reduce the burden of disease.

# Strategies for health security

## Strengthening Core Capacities:

- Building robust disease surveillance systems, laboratory networks, and a trained rapid response workforce as per the International Health Regulations (IHR).
- **Establishing a National Public Health Institute (NPHI)** : Creating a dedicated, technically advanced institution to lead and coordinate all health security efforts.
- **Pandemic Preparedness:** Ensuring a reliable supply chain for essential medical commodities and having plans in place for surge capacity in clinics and hospitals.

# Strategies for a vibrant health care industry

## Local Production:

- Incentivizing the local manufacturing of essential medicines, vaccines, and health supplies to reduce import dependency and create jobs.
- **Strategic Health Purchasing:** Using the NHIS not just as a payer, but as a "smart buyer" that negotiates for quality and cost-effective services from both public and private providers.
- **Leveraging Digital Health:** Scaling up the use of telemedicine, electronic medical records, and mobile health (mHealth) to improve efficiency and reach.

# **The Implication and critical analysis**

# Policy Implication for social equity

Explicit pro-poor focus, aim for universal access through the National Health Insurance System (**NHIS**), and focus on vulnerable groups directly combat financial and quality inequality.

**Challenge:** The gap between policy intent and implementation...

# Implication for Governance and Development

**Governance:** The policy focuses on NHIS, innovation and local production, and a mix of public and private provider. This makes government a steward of the entire health ecosystem

Hence need for expert regulation, coordination and accountability

**Development:** A healthier population is more productive. By focusing on NHIS, the policy aims to free up household and national resources for investment in other development areas, and free households from financial shocks.

# Conclusion

Uganda's NHP II diagnosed the healthcare system problems, the NHP III is a comprehensive treatment plan and solution to these problems.

It strategically addresses major challenges through a focus on the NHIS, and the revitalisation of the Primary Health Care (PHC).

The ultimate success hinges on **political will, sustainable financing, and effective governance** to bridge the gap between ambitious policy and tangible health outcomes for all Ugandans.

## Reference list

- The republic of Uganda, Ministry of Health. Uganda second national health policy 2010
- The republic of Uganda, Ministry of Health. The Health Sector Development Plan III (HSDP III)

**Next week**

**Health as a Social Service:**

**Healthcare management and administration**