



Management of Social Services

**Week 6: HEALTH AS A SOCIAL
SERVICE (Management)**

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Recap – previous week

Health as a Social Service: Healthcare policy

- Analyzing Uganda's healthcare policy and its implication
 - **The Second National Health Policy (NHP II)**
 - **The Third National Health Policy / Health Sector Development Plan (HSDP III)**

This week ...

Health as a Social Service

Healthcare management and administration

Challenges of the health sector in developing countries

Fig. 1: AI- generated image



This week – Objectives

1. To examine the actors in healthcare management and administration in Uganda
2. To compare Uganda's healthcare management system with other countries

Healthcare management and administration in

Uganda:

- Actors in healthcare management and administration
- Key health statistics

Actors in healthcare management and administration include those primarily in governance and leadership, and those mainly in management and implementation

❖ Governance and leadership

- Ministry of health – key actor
- Semi-autonomous agencies

❖ Management and implementation

- National and regional facilities
- District/ local government facilities

Ministry of Health

The Ministry of Health serves as the central authority overseeing Uganda's entire health system, coordinating efforts across all levels of care delivery. Core functions include;



Policy & Planning

Strategic planning, policy formulation, and dialogue to guide the health sector's direction and priorities.



Standards & Quality

Setting quality assurance standards and guidelines; and maintaining clinical standards across all health facilities.



R°

Resource mobilization

From development partners and government



Emergency Response

Coordinating nationally coordinated services including health emergencies, epidemic prevention, and disease control.



R°

Research Coordination

Overseeing health research initiatives and monitoring overall health sector performance across the country.

Semi - Autonomous National Health Institutions

Several critical functions have been delegated to autonomous institutions, each specialising in specific aspects of healthcare delivery and support. These are supervised by the ministry;

- Specialized clinics
- Supply and regulatory bodies
- Research institutions

Fig. 2: AI- generated image



Specialised Clinical Centres

Uganda Cancer Institute

- Provide **comprehensive oncology services** - chemotherapy, radiotherapy, specialized surgery, palliative care, and cancer survivorship programs.
- Acts as the **national coordinating center for cancer control** - managing a national cancer registry, develops and disseminates national cancer treatment guidelines.
- **Research & Training** - Conducts clinical trials and research on cancers, central training hub for oncologists and other healthcare workers in cancer management.



Uganda Heart Institute

- Provide **tertiary and quaternary care** for cardiovascular diseases - specialized diagnosis, medical management, interventional cardiology, and open-heart surgery.
- Serves as the **national referral center** for complex cardiac cases. Trains health professionals (cardiologists, cardiac nurses, technicians) in cardiovascular medicine.
- Conducts clinical and operational research on the epidemiology, prevention, and management of cardiovascular diseases in Uganda. Leads national advocacy for heart-healthy lifestyles.



Uganda Virus Research Institute

- Serves as the **national reference laboratory for virology** and a center for research on viral and other infectious diseases. Focuses on **surveillance, outbreak investigation, and diagnostics**.
- Plays a leading role in detecting and characterizing pathogens during outbreaks (e.g., Ebola, Marburg, Yellow Fever, HIV, and Influenza).
- Conducts long-term research on the dynamics of viral diseases. Its findings directly inform national policy on disease control, prevention strategies, and vaccine introduction.



Central Public Health Laboratories

- Functions as the **national reference and coordination hub for public health laboratory services** across the country, covering bacteriology, parasitology, mycology, and food/water safety.
- Establishes and enforces standards for laboratory practice, provides quality control for lower-level labs, and coordinates the national laboratory network to ensure reliable diagnostic services.
- Supports national disease surveillance programs by providing confirmatory testing. Leads training and capacity building of laboratory personnel nationwide.



Supply & Regulatory Bodies

Uganda Blood Transfusion Services

- Coordinates and oversees blood transfusion and distribution

National Medical Stores (NMS)

- Acts as the central public procurement and distribution agency for essential medicines and health supplies to all public and PNFP health facilities.

National Drug Authority (NDA)

- Regulates the quality, safety, and efficacy of all medicines and health supplies in the country.



Professional councils (Uganda medical and Dental practitioners' council, Uganda Nurses and Midwives council)

- Register professionals
- Set ethical standards
- Enforce discipline and professionalism

The Uganda National Health Research Organisation (UNHRO)

- Coordinates and sets the national health research agenda across multiple institutions.



The implementation chain ...

National & Regional Referral Hospitals (NRHs & RRHs):

- Have semi-autonomous **Management Boards** appointed by the central government. Day-to-day operations are run by a **Hospital Director/Executive Director**.
- Provide specialized (tertiary) and super-specialized care; act as teaching and research centers; and provide technical support and supervision to lower-level facilities in their catchment areas.

District Health Governance Structure

At the district / City and sub-district level, health services are governed by the District Health Management Team (DHMT), ensuring coherence with national policies whilst responding to local needs.

The core role - Operational Management of the public health system within the district. National policy translation into local action happens here



Fig. 3: AI- generated image

District Health Governance Structure

01

District / City Health Officer

The DHO leads the DHMT, coordinating all health departments and ensuring policy implementation across the district.

Key Activities:

- Develop District Annual Work Plans and Budgets.
- Manage and pay district-level health staff.
- Supervise, support, and monitor all public health facilities within the district.
- Coordinate with private providers in the district.
- Collect, aggregate, and report health data from all facilities to the national level.



02

Department Managers

Managers from various health departments form the DHMT, including heads of health sub-districts - medical superintendent.

03

Facility managers

Each facility is managed by an **In-Charge** (a Clinical Officer at HC III, a Medical Doctor at HC IV).

Role:

- Deliver the UNMHCP appropriate to their level.
- Manage their own petty cash, drug orders, and staff schedules.
- Report data to the district.



Health Unit Management Committees (HUMCs)

HUMCs link health facility governance with community needs, composed of health staff, civil society, and community leaders.



Uganda's Key Health Statistics

Uganda's health indicators reflect significant progress alongside persistent challenges that require continued investment & innovation.

90%

Coverage

Child immunisation
rate

63

Years

Average life
expectancy

43

Per 1,000

Infant mortality rate

336

Per 100,000

Maternal mortality rate



Fig. 4: AI-generated image

Major health Progress

Infrastructure Progress

79% of the population now has access to improved water sources, crucial for disease prevention and public health advancement.

Physical access

Biggest percentage of population have access to a health center or government hospital within 5km

Major Health Challenges

Disease Burden

- **HIV/AIDS:** 6.2% adult prevalence with improving treatment access and prevention programmes
- **Malaria:** 16 million cases reported annually, remaining a significant public health challenge
- **Rising NCDs:** Non-communicable diseases increasingly prevalent alongside progress against communicable diseases

Access to services

- **Medicines and supplies:** More than 85% of people who used health centers or government hospitals mentioned unavailability of medicines and supplies as the major concern.

Source: NSDS 2021

Comparative analysis:

- Healthcare management and administration in China
- Healthcare management and administration in Kenya
- Healthcare management and administration in
Netherlands

In comparing health system leadership and governance, the spectrum ranges from China's direct state control to the Netherlands' regulated market.

Uganda and Kenya represent decentralized/devolved models, where the central government's main challenge is coordinating and ensuring quality across semi-autonomous local units.

Governance and leadership in China's health system

- Centralised hierarchical system
- Government exercises Direct Control & Ownership.
- The state owns most hospitals and directs all aspects of the health system through the National Health Commission (NHC)
- Administration is typically Top-down, command-and-control administration.
- Rapid policy implementation but less local flexibility.

Governance and leadership in Kenya's health system

- Devolved system
- Government takes lead in Policy formation and Regulation at National level, and Service Delivery at County level

Governance and leadership in Netherlands' health system

- Regulated market system
- Government plays the role of Referee & Enabler.
- Government sets rules, defines benefits package, and ensures equity.
- Government does not own hospitals or employ most doctors.
- Administratively, Government creates the framework for competition between private, non-profit insurers and health providers

In comparing health system financing, the Netherlands has the most structured and equitable financing model, based on mandatory pre-payment. China has achieved near-universal coverage through its Social Health Insurance (SHI) models but struggles with high co-payments. Kenya is actively expanding its National Health Insurance Fund (NHIF), while Uganda's system remains the most fragmented and reliant on direct, out-of-pocket payments, posing the highest financial risk to citizens.

Health system financing in Netherlands

- Heavily financed by the Mandatory Social Health Insurance
- Compulsory, private (non-profit) insurance.
- Financed by income-dependent employer contributions and flat-rate individual premiums.
- Government provides subsidies for low-income individuals.
- **10%** out-of-pocket (Heavily regulated)

Health system financing in China

- Social Health Insurance (SHI) is the primary financing mechanism
- Three main schemes:
Urban employees,
Urban residents, and
Rural residents.
- Heavily subsidized by government.
- High co-payments
- **35%** out-of-pocket payments - Leading cause of poverty

Health system financing in Kenya

- Mix of Taxes, NHIF, Out-of-Pocket
- National Hospital Insurance Fund (NHIF) is the main social insurer, expanding to cover more of the population.
- Counties receive funding from central government for health.
- **25%** out-of-pocket expenditure - Still a significant barrier

Conclusion

The comparative analysis of health systems in Uganda, Kenya, China, and the Netherlands reveals a fundamental truth: there is no single blueprint for success.

However, the journey of Uganda's health system, when placed alongside these diverse models, highlights a critical and necessary evolution—the imperative to shift from a primary focus on **expanding physical access** to a pursuit of **quality, financial protection, and efficiency**.

The comparison offers both warnings and roadmaps from;

China

- ✓ Lesson; massive coverage
- ✓ Warning; dangers of a hospital-centric, volume-driven model - struggles with cost control and equity.

Kenya,

- ✓ Lesson; actively expanding social health insurance
- ✓ Warning; complex struggle to harmonize national policy with county-level implementation

Netherlands

- ✓ Lesson; a high-performing system is not defined by public ownership, but by **smart regulation, strategic purchasing, and a strong primary care foundation** that prioritizes keeping people healthy rather than just treating their sickness.

With the introduction of the NHP III for Uganda, lessons from our own past and from global counterparts indicate that the next chapter of health system development must be defined not by the number of health centres built, but by the quality of care delivered within them and the financial security guaranteed to every citizen who walks through their doors.

Achieving this will be the true measure of a system that delivers health as a genuine social service.

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)
- Republic of Uganda; Ministry of Pubic Service (**2021**). The National Service Delivery Survey Report
- World Health Organization. (2023). *Global Health Observatory Data Repository*.
- Ministry of Health, Kenya. (2021). *Kenya Essential Package for Health*
- Figure 1-4. Health sector management and administration. Gamma app

Next week

Housing as a Social Service:

- Nature and scope of housing
 - Comparative analysis