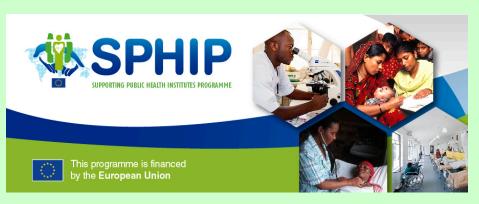






# Formulation of the National Health Policy for Universal Health Coverage in Uganda: Process of Stakeholder Involvement and Policy Formulation



Freddie Ssengooba Prof. & Director SPEED Project Makerere University, Uganda

### Drivers of Priority Setting for UHC in the Health Sector (2000-2015)

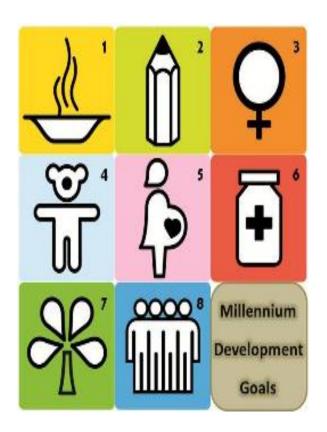
#### **Universalism**

- Abolition of user fees for public sector
- PPP Policy & Govt. resource contributions to nonstate providers
- Polling aid funds Sector wide Approach
- Politics of expansion of health infrastructure but less recurrent costs for functional services.

#### MDGs.

- Increased funding From GHIS: MAP, GFATM, PEPFAR, GAVI, GFF etc.;
- Faltering attempts to introduce SHI and complete the HFS;
- Strategic purchasing and results-based financing;
- Under investments in workforce, medicines and systems developments

Now: UHC discussions and Global commitment to SDGs.



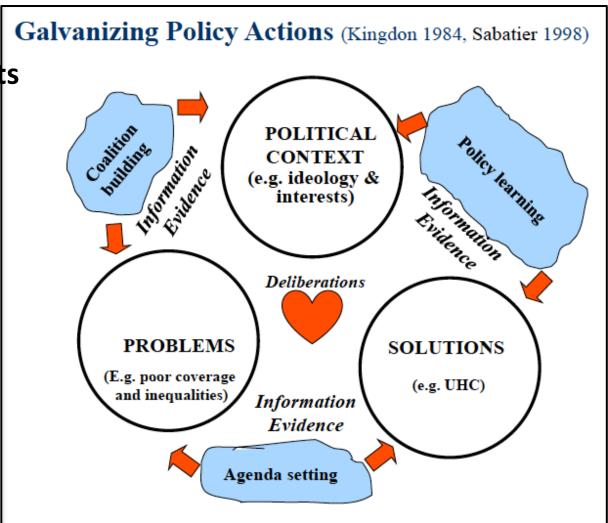
### The Need for UHC Policy in Uganda

- 1. Many stakeholders with non-uniform vision for UHC
  - Many and Interdependencies actions
  - Coordination and collaboration
- Many possible paths to UHC "Chaos of reform ideas"
- Systems development to increasing coverage scope of entitlements
  - Daunting financial implications
- 4. Quality of service delivery systems
  - Workforce, medicines and
- 5. Revamping health promotion
  - 1. Re-balancing investments for prevention and treatment

# Approaches to Galvanizing UHC Policy Actions in Uganda

### Stakeholder involvements Processes:

- Agenda setting;
- 2. Coalition building;
- 3. Policy learning spaces for deliberations:
  - Generating and sharing information & evidence



# Agenda Setting for UHC in Uganda – Policy & Implementation Arrangements

- Bamako initiative cost sharing for sustainability;
- Service delivery shortcuts (TBA, medicine distributors)
- Marketization of health service provision.
- Short-cuts to systems development

The 1980s [Pro-Market Policies & Structural Adjustment The 2000s: Universalism Ideology

- Poverty and inequalities
- Poverty Eradication Plan (1999)
- Universal primary education;
- Removal of User-charges;
- MDGs and Global Health Initiatives

- 2<sup>nd</sup> National Health policy (2010)
- Mixed performance on MDGs;
- Greater coverage for Immunization and HIV progms
- Low progress on maternal and neonatal performance
- Expanding costs & Popn.

The 2010s: Mixed implementation of universal programs

#### Current: How to improve Health?

- 1- Quality of services & Political elections
- 2- Global agenda and UHC at UN and WHO
- 3- Demand for evidence quality and coverage
- 4. SPEED Project and CSO committed to support evidence, learning and deliberations

# Galvanizing Actions for UHC: Building Coalitions Among Stakeholders:

Stakeholder engagements and deliberations?

- WHO, Health Assembly
- WHR 2010 Financing UHC;
- UN and SDGs agenda
- Uganda involvement in Global deliberations

Global deliberation

### Regional awareness

- MOH prep of 3<sup>rd</sup> Health Development Plan
- Review of MDGs for E-Africa Community
- Regional conference on UHC - ECSA

- Launch of the Vision 2040
- Launch of SPEED and Symposia
- Task-force to prepare
   HSDP 2016 2020
- Many CSO start UHC advocacy activities
- Health Insurance advocacy
- Expansion of demand and spaces for sharing evidence
- Parliament and Heads of State interest in UHC agenda

National deliberations

### Drilling Down: Participatory Process for Policy Implementation crossing the Sector Boundaries

#### 1.8 Process of Development of the HSDP

The development of this HSDP started with the development of the Health Issues Paper which formed the health sector contribution to the NDP II. This was followed by development of the HSDP concept note which was presented to MoH Senior Management Committee and the Health Policy and Advisory Committee (HPAC) for approval in December 2014. A Taskforce was set up, chaired by the Director General of Health Services (DGHS), and having representation from all MoH departments, the 14 sector technical working groups (TWGs), Local Governments (LGs), Civil society and Non-Governmental Organizations (NGOs), the Private Sector, other Government Ministries, Departments and Agencies (MDAs), Academia, and Health Development Partners (HDPs).

"Fit to Purpose" Evidence Generation and Syntheses by SPEED Project and Others



Towards Sustainable Development





By Tonny

**POLI** 

Healthcare coverage and equity — Towards Uni

Report on Development of Research Agenda to support Universal Health Coverage in Uganda





### Policy Brief

http://speed.musph.ac.ug

October 2017











### Phasing out Enrolled Nurses in Uganda:

What are the Policy Implications?

Key message:

### **Concluding Remarks**

- An active and dynamic process of UHC policy development and policy implementation
  - A broader set of actions and actors are required for successful UHC programming
  - Purposeful deliberations are needed to generate better coherent actions for UHC;
  - Fit-to-purpose evidence is demanded for improved governance and stewardship of UHC policy and implementation;
  - Embedded institutions, universities and think-tanks are needed to track and support these development with customized evidence and spaces for dialogue;
  - The work started by SPHIP is providing a prominent value to advance the policy development and elaboration of policy implications for successful implementation.

### **Acknowledgements & Brief About SPEED**

- **Funding support:** Provided by European Union's Special Initiative Support to Public Health Institutes Program (SPHIP)
- **SPEED Project** is a 'Strategic' partnership with the aim to improve policy analysis and policy influence for Universal Health Coverage (UHC) in Uganda.
- **SPEED Partners**: The partners include:
  - Makerere University School of Public Health (MakSPH) (Lead agency);
  - National Planning Authority;
  - Uganda National Health Consumers' Organisation;
  - Economic Policy Research Centre;
  - Institute of Tropical Medicine Antwerp (Belgium);
  - Human Sciences Research Council Pretoria (S Africa).

