



The Republic of Uganda
Ministry of Health

THE SECOND NATIONAL HEALTH POLICY
Promoting People's Health to Enhance
Socio-economic Development

July 2010



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Foreword

The development of this second National Health Policy (NHP II) has been informed by the National Development Plan (NDP) for the period 2010/11-2014/15, the 1995 Constitution of the Republic of Uganda and the new global dynamics. The NHP II has been developed through a participatory process involving twelve Technical Working Groups (TWGs) whose membership was drawn from the Ministry of Health (MoH), relevant Government Ministries, Health Development Partners (HDPs), the private sector, Civil Society Organisations (CSOs) and Local Governments.

The focus of NHP II shall be on health promotion, disease prevention, early diagnosis and treatment of diseases. It will specifically prioritise the effective delivery of the Uganda National Minimum Health Care Package (UNMHCP), more efficient use of available health resources, strengthening public and private partnerships for health and strengthening of health systems. In the period of the NHP II and in line with global agendas, emphasis will be placed on attempts to achieve universal access to a minimum health care package as well as equitable and sustainable financing mechanisms.

I wish to thank the Technical Working Groups (TWGs), the Task Force and the Consultants that put up this policy document together. The Second National Health Policy will provide direction for the Health Sector in the next medium to long term period.

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Dr. Stephen O. Mallinga, MP

Minister of Health

TABLE OF CONTENTS

FOREWORD	IV
LIST OF ACRONYMS AND ABBREVIATIONS	VII
1. INTRODUCTION	1
2. THE SITUATIONAL ANALYSIS	2
2.1 Demographic and health status	2
2.3 Organisation of the health sector	3
2.4 Health service delivery	4
2.5 Supervision, monitoring and evaluation	5
2.6 Research	6
2.7 Legal and regulatory framework	6
2.8 Health Resources	7
2.8.1 Human Resources for Health (HRH)	7
2.8.2 Medicines and Health Supplies	7
2.8.3 Health Infrastructure	8
2.8.4 Health financing and sustainability	8
3.0 THE DEVELOPMENT CONTEXT	10
3.1 The International context	10
3.2 The national context	10
4. VISION, MISSION, GOAL AND GUIDING PRINCIPLES	11
4.1 Vision	11
4.2 Mission	11
4.3 Goal	11

4.4 Social values	12
4.5 Guiding principles	12
5. PRIORITY AREAS FOR THE NATIONAL HEALTH POLICY	14
6.0 POLICY OBJECTIVES AND STRATEGIES	14
6.1 Organisation and management of the national health system	14
6.2 The minimum health care package	16
6.3 Supervision, monitoring and evaluation	18
6.4 Research	19
6.5 Legal and Regulatory Framework	20
6.6 Health resources	21
6.6.1 Human Resource	23
6.6.2 Medicines and health supplies	23
6.6.3 Health Infrastructure	24
6.6.4 Health financing	25
6.7 Partnerships in health	26
6.7.1 Public Private Partnership in Health (PPPH)	26
6.7.2 Inter-sectoral and inter-ministerial partnership	27
6.7.3 Health development partners	28
6.7.4 Partnership with the community	29
7. COMMUNICATION AND DISSEMINATION OF NHP II	30
8. NHP II IMPLEMENTATION ARRANGEMENTS	30
9. MONITORING AND EVALUATION	30

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
ARI	Acute Respiratory Infections
CDs	Communicable Diseases
CDC	Communicable Diseases Control
CHD	Community Health Department
CSO	Civil Society Organisation
UDHS	Uganda Demographic and Health Survey
DOTS	Directly Observed Treatment, Short Course (for Tuberculosis)
FB-PNFP	Facility Based Private-Not-For-Profit
EMHS	Essential Medicines and Health Supplies
EMIS	Environmental Management Information System
GoU	Government of Uganda
HC	Health Centre
HDI	Human Development Index
HDP	Health Development Partners
HIV	Human Immuno-Virus
HMIS	Health Management Information System
HPAC	Health Policy Advisory Committee
HPE	Health Promotion and Education
HR	Human Resource
HRH	Human Resource for Health
HSD	Health Sub-District
HSSP	Health Sector Strategic Plan
HUMC	Health Unit Management Committee
ICT	Information Communication Technology
IEC	Information Education and Communication
IHP+	International Health Partnerships and Related Initiatives
IMR	Infant Mortality Rate
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
JRM	Joint Review Mission
KIDDP	Karamoja Integrated Disarmament and Development Plan
MDGs	Millennium Development Goal(s)
MoH	Ministry of Health

MoU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
MTR	Medium Term Review
NCDs	Non-Communicable Disease(s)
NDA	National Drug Authority
NDP	National Development Plan
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organisation
NHA	National Health Assembly
NHP	National Health Policy
NMS	National Medical Stores
NRH	National Referral Hospitals
NTDs	Neglected Tropical Diseases
PFP	Private for Profit
PHC	Primary Health Care
PHP	Private Health Practitioners
PNFP	Private-Not-for-Profit
PPPH	Public Private Partnership in Health
PWD	Persons with Disabilities
RRH	Regional Referral Hospitals
SHI	Social Health Insurance
SWAp	Sector Wide Approach
TCMPs	Traditional and Complimentary Medicine Practitioners
TFR	Total Fertility Rate
TRM	Technical Review Meeting
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
U5MR	Under-Five Mortality Rate
UBTS	Uganda Blood Transfusion Service
UCI	Uganda Cancer Institute
UHI	Uganda Heart Institute
UCMB	Uganda Catholic Medical Bureau
UGX	Uganda Shillings
UMMB	Uganda Muslim Medical Bureau
UNCRL	Uganda National Chemotherapeutics Research Laboratory

UNHRO	Uganda National Health Research Organisation
UOMB	Uganda Orthodox Medical Bureau
UPMB	Uganda Protestant Medical Bureau
UNMHCP	Uganda National Minimum Health Care Package
UPMB	Uganda Protestant Medical Bureau
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
WHO	World Health Organisation

1. INTRODUCTION

The development of this second National Health Policy (NHP II) has been informed by the National Development Plan (NDP) for the period 2010/11-2014/15, the 1995 Constitution of the Republic of Uganda and the new global dynamics. The NDP places emphasis on investing in the promotion of people's health and nutrition which constitute a fundamental human right for all people. Constitutionally, the Government of Uganda (GoU) has an obligation to provide basic health services to its people and to promote proper nutrition and healthy lifestyles. The 1995 Constitution of the Republic of Uganda (as amended) further provides for all people in Uganda to enjoy equal rights and opportunities, have access to health services, clean and safe water and education, among many other things. Investing in the promotion of people's health and nutrition ensures that they remain productive and contribute to national development.

The NHP II was developed through a participatory process involving twelve technical working groups (TWGs) whose membership was drawn from the Ministry of Health (MoH), relevant government ministries, Health Development Partners (HDPs), the private sector, Civil Society Organisations (CSOs) and local governments. Their task was to review the NHP I adopted in 1999, determine elements of the policy which were still appropriate and needed to be carried forward in the new policy and identify new and emerging issues that required policy guidance. The focus of NHP II shall be on health promotion, disease prevention, early diagnosis and treatment of disease. It will specifically prioritise the effective delivery of the Uganda National Minimum Health Care Package (UNMHCP), more efficient use of available health resources, strengthening public and private partnerships for health and strengthening of health systems. In the period of the NHP II and in line with global agendas, emphasis will be placed on attempts to achieve universal access to a minimum health care package as well as equitable and sustainable financing mechanisms.

Uganda's NHP I guided the health sector between 1999 and 2009. Over this period, a number of changes have occurred, for example, the increase in the burden of disease due to HIV/AIDS and Non-Communicable Diseases (NCDs), the negative health consequences of changing climate, new and emerging diseases, challenges in implementation of the decentralisation program and the Sector Wide Approach (SWAp) in health. In a broader context, former conflict areas are now relatively stable,

and there is a new focus on recovery and development in those areas; there has been a significant increase in the number of districts; and the world inclusive of Uganda has been affected by globalisation and the recent global credit crunch.

In an attempt to focus attention and resources on main goals, the international community in 2000 adopted the Millennium Development Goals (MDGs) and three of these are directly related to health while most of the others address determinants of health. While significant progress has been made in aligning development assistance to country programmes, the country could still benefit from an even stronger alignment. All these call for a review of Uganda's NHP to incorporate emerging issues and identify new strategies for action.

2. THE SITUATIONAL ANALYSIS

The Government of Uganda prioritised improvement of the health status of people in Uganda as evident in the development and implementation of the first NHP and the Health Sector Strategic Plans (HSSP) I and II. Health indicators have generally improved over the last ten years, but they remain unsatisfactory and disparities continue to exist across the country.

2.1 Demographic and health status

Uganda has an area of 241,000 km² and a projected population of 32.2 million. With an average annual growth rate of 3.2% Uganda's population is expected to increase to 44 million by 2020 raising the population density from 120 to 164/km². Such a population increase will place more demands on the health sector. Eighty eight percent of the population lives in rural areas. Economic growth rate has averaged 7% per annum over the last 5 years.

A Total Fertility Rate (TFR) of 6.7 birth/woman and a contraceptive prevalence rate of 24% both contribute significantly to the increase in Uganda's population. Uganda has made progress in improving the health of its population: life expectancy increased from 45 years in 2003 to 52 years in 2008; HIV prevalence reduced from 27% to 7% between 2000/01 and 2007/08; polio and guinea worm were nearly eradicated and the prevalence of other vaccine preventable diseases has declined sharply. The re-emergence of polio and guinea worm cases due to cross border migration remains

a challenge. Between 1995 and 2005, under-five mortality rate declined from 156 in 1995 to 137 deaths per 1,000 live births; infant mortality rate decreased from 85 to 75 deaths per 1,000 live births; and maternal mortality rate reduced from 527 to 435 per 100,000 live births. Under-weight prevalence reduced from 23% to 16% over the same period; stunted growth from 41% to 38.5% and wasting increased from 4% to 6%. Teenage pregnancy estimated at 25% in 2006 significantly contributes to overall maternal mortality rate (MMR) in Uganda. The newborn mortality rate was 33 per 1000 live births in 2000 and decreased to 29 in 2006 (Uganda Bureau of Statistics, 2007). Despite improvements, these indices remain high.

Malaria, malnutrition, respiratory tract infections, AIDS, tuberculosis and perinatal and neonatal conditions remain the leading causes of morbidity and mortality. Seventy percent of overall child mortality is due to malaria (32%), perinatal and neonatal conditions (18%), meningitis (10%), pneumonia (8%), HIV and AIDS (5.6%) and malnutrition (4.6%). Non-Communicable Diseases (NCDs) are an emerging problem due to multiple factors such as adoption of unhealthy lifestyles, increasing life expectancy and metabolic side effects resulting from lifelong antiretroviral treatment. Neglected Tropical Diseases (NTDs), including those targeted for eradication, are still occurring in Uganda. Gender inequalities including sexual and gender-based violence (UBOS, 2007) remain a major hindrance to improvement of health outcomes. Seventy five percent of the disease burden in Uganda however is still preventable through health promotion and disease prevention. These problems call for intensive, focused and well-coordinated collaboration between the health sector and other stakeholders.

2.2. Social determinants of health

The major determinants of health in Uganda include levels of income and education, housing conditions, access to sanitation and safe water, cultural beliefs, social behaviours and access to quality health services. While the proportion of people living below the poverty line has significantly decreased from 52% in 1992 to 31% in 2005, Uganda is still a low income developing country with income disparities spread across the country. A direct relationship exists between poverty and prevalence of diseases such as malaria, malnutrition and diarrhoea as they are more prevalent among the poor than the rich households (UBOS, 2007). The proportion of households with toilet facilities has increased from 57% in 2004/5 to 88% in 2006 (UBOS, 2007). Three

quarters of the households live in houses made of temporary materials. There is limited physical accessibility of health facilities especially for people with disabilities (PWDs). Health facilities infrastructure is old. Access to health services for women is further compounded by decision-making processes in families: 40% of the women report that their husbands make decisions about their own healthcare (UBOS, 2007).

2.3 Organisation of the health sector

Both the public and private sectors are playing an important role in supporting communities to improve their health. Within the public sector, there exists multiple players namely ministries of Health, Local Government, Defence, Internal Affairs, Gender, Labour and Social Development which provide services; other ministries and departments also play a role in other aspects of health.

At national level, the functions of the Ministry of Health (MoH) include resource mobilisation and budgeting; policy formulation and policy dialogue with HDPs, strategic planning, regulation, advising other ministries on health matters, setting standards and quality assurance, capacity development and technical support, provision of nationally coordinated services such as epidemic control, co-ordination of health research and monitoring and evaluation of the overall sector performance.

Several functions have been delegated to national autonomous institutions, including some specialised clinical support functions (Uganda Blood Transfusion Service (UBTS), National Medical Stores and National Public Health Laboratories) and regulatory functions (the professional councils, the National Drug Authority and other regulatory bodies). Research activities are conducted by several research institutions and coordinated by the autonomous Uganda National Health Research Organisation (UNHRO).

2.4 Health service delivery

Health services are provided by the public and private sub-sector with each sub-sector covering about 50% of the reported outputs . The UNMHCP has been developed for all levels of the health system for both public and private sectors and service delivery is based on this package. The government of Uganda health system consists of the district health system (communities, Village Health Teams (VHTs or health centres: HCs I, II, III and IV and general hospitals, Regional Referral Hospitals (RRH) and National

Referral Hospitals (NRH). The RRH and NRH are semi-autonomous institutions. District health services are managed by local governments. The district health system is further divided into Health Sub-Districts (HSDs). Each HSD is supposed to have a referral facility being either a HC IV or a general hospital. Currently, 28% of the existing 154 HC IVs are fully operational (MoH, 2008c).

In general, district management capacity is still being built. Leadership skills, health services management and specialist skills are inadequate at all levels. High levels of attrition tend to curtail capacity development initiatives. While Community Health Departments (CHDs) exist at RRHs to support districts, systems to carry out this function are not yet fully operational. The increase in number of districts has placed more supervisory and monitoring responsibilities on MoH.

The increase in number of districts necessitates a re-examination of the standard service delivery model in the districts and supervision and support mechanisms. Although 72% of households in Uganda live within five kilometres from a health facility (public or PNFP), utilisation is limited due to poor infrastructure, inadequate medicines and other health supplies, the shortage and low motivation of human resource. The private health system comprises of the Private-Not-for-Profit organisations (PNFPs), Private Health Practitioners (PHPs) and the Traditional and Complementary Medicine Practitioners (TCMPs). Unlike government facilities, the private health facilities charge user fees which limits access to care. PNFPs are subsidised by Government and other donors.

Seventy five percent of the facility-based PNFP organisations exist under four umbrella organisations: the Uganda Catholic Medical Bureau (UCMB), the Uganda Protestant Medical Bureau (UPMB), the Uganda Orthodox Medical Bureau (UOMB) and the Uganda Muslim Medical Bureau (UMMB). In the field of TCMPs, there is recent emergence of non-indigenous traditional or complimentary practitioners such as the practitioners of Chinese and Ayurvedic medicine.

2.5 Supervision, monitoring and evaluation

The Ministry of Health and other central level departments/agencies have the mandate to supervise the health sector. In line with the decentralisation framework, district health offices have the responsibility of supervising the district health system. Technical supervision is provided at all levels of care with each level supervising the

level below. Monitoring relies on the Health Management Information System (HMIS) and compilation of quarterly and annual reports which are verified during quarterly monitoring visits and reviewed by Joint Review Missions, the National Health Assembly and the Uganda Parliament.

Periodic evaluations of the sector's performance such as the mid-term review of the HSSP are also carried out. Health professionals' councils and the National Drug Authority are autonomous bodies charged with ensuring maintenance of professional standards and safety of pharmaceuticals, equipment and procedures. Challenges exist in terms of inadequate human, logistical and financial resources for supervision, monitoring and evaluation. Other additional challenges are limited mechanisms that incorporate private sub-sector performance into overall sector performance and lack of coordination of community/civil society organisations and monitoring with mainstream health sector.

2.6 Research

Several institutions conduct health research in Uganda for example universities, autonomous institutions and other public institutions with diverse affiliations. Research has however been hampered by the lack of a policy framework, an uncoordinated priority setting of the research agenda, inadequate funding, shortage of human resource and inadequate logistics. Other challenges include the lack of a national database for accomplished research, hence rendering it difficult to access and limiting translation of research findings into policy. UNHRO coordinates research activities. During the period of the NHP I, emphasis was placed on research centered on content and relative cost-effectiveness of delivering the UNMHCP, trends and economic consequences of ill health and non-biomedical factors. Biomedical health support and operational research still needs strengthening.

2.7 Legal and regulatory framework

MoH coordinates the drafting of bills to promote and regulate health services. Government has put in place policy analysis units to support sectors in this area. Various bills such as the Pharmacy Profession and Practice Bill, Uganda Medicines Control Authority Bill, Food and Nutrition Bill, Food and Drug Act, National Health Insurance Bill and the Traditional and Complementary Medicines Bill are at different

stages of development. Gaps also exist in the legal framework for the adaptation of new health technologies and practices. The process of reviewing legislation and policies has been slow. Financial and human resources allocated for these processes have been inadequate. Structures mandated to enforce the health regulatory framework such as the Health Professional Councils and the National Drug Authority have limited capacity. Enforcement of legislation and policies remains a major challenge.

2.8 Health Resources

2.8.1 Human Resources for Health (HRH)

The health sector is a labour intensive sector and availability of adequate human resources for health is central in the achievement of the objectives. In November 2008 51% of approved positions at national level in the public sector were filled. There were however, variations among districts with some districts like Pader in northern Uganda having only 35% of its posts filled (MoH 2008c). Shortage of critical staff especially midwives, doctors, nutritionists, anesthetists, pharmacists, pharmacy assistants and laboratory staff has greatly compromised the delivery of quality health services. Reasons for the many vacancies include insufficient training capacity, unattractive remuneration and retention of health workers with the right skills. Attrition in PNFP organisations is high as health workers have in the past few years increasingly joined the public sector following government's decision to increase salaries and incentives for civil servants (MoH, 2008b). Migration of health workers is occurring at alarming rate due to more attractive salaries and opportunities abroad. An incentives scheme for human resource in hard-to-reach areas was initiated but sustainability remains a challenge. There are still weaknesses in leadership and management of human resources at all levels of the health system, poor and slow recruitment practices and poor distribution of health workers.

2.8.2 Medicines and Health Supplies

On average 28% of the health facilities in Uganda have a constant supply of medicines and health supplies throughout the year (MoH 2008b). Inadequate financial and human resources, capital investment and management issues have resulted in the public sector being unable to fulfil its mandate of providing medicines to meet the requirements of universal access to health care. Only 30% of the essential medicines

and health supplies (EMHS) required for the basic package are provided for in the framework for medium expenditure. This has increased dependency on the private sector. When referred to a private facility with a prescription, patients often find that medicines are not affordable. Global initiatives provide the bulk of resources needed for malaria, HIV/AIDS, tuberculosis, vaccines and reproductive health commodities. For example in 2006/2007, contribution from global initiatives was US\$2.39 per capita out of the US\$4.06 per capita spent.

Weaknesses in supply chain management such as poor quantification, delays in procurement, inappropriate and late deliveries, late orders from facilities and poor record keeping contribute to shortage and wastage of medicines in the public sector. Shortage of raw materials for assistive devices makes them unaffordable to people with disabilities (PWDs). The private sector in this area is fragmented and comprises of dispensing hospitals and clinics, retail pharmacies and both legal and illegal drug stores. There is an emerging pharmaceutical industry in the country but with limited production. As a result approximately 90% of all medicines are imported and close to 95% of these are generic products. The challenge of counterfeit products on the market is becoming an increasing concern.

2.8.3 Health Infrastructure

The number of health facilities in the public sector and the PNFPs has grown from 1,979 in 2004 to 2,301 in 2010. However, inequity exists in the distribution of health facilities. There is a shortage of basic equipment in health facilities. Most facilities and equipment are in a state of disrepair. Inadequate transport is a major limitation especially in newly created districts. Rehabilitation of buildings and maintenance of medical equipment is not regularly done. Medical waste disposal is a major challenge in most health facilities. Shortage of basic medical equipment, accommodation of staff, ICT, and transportation remain a major challenge.

2.8.4 Health financing and sustainability

Not less than 9% of household expenditure is spent on out-of-pocket health expenditure. Studies have shown that 4.8% of households in Uganda have health expenditures that are deemed 'catastrophic' while 2.3% are pushed into impoverishment because of medical bills (Xu et al, 2007). In the past eight years,

health expenditure as a proportion of government's discretionary expenditure has been relatively stable at around 9.6%, thus remaining below the Abuja Declaration target of 15% (MoH 2008b). This does not compare favourably with the per capita requirement for provision of UNMHCP in all facilities which was estimated at US\$41.2 in 2008/2009 rising to US\$47.9 in FY2011/2012 (HSLP Africa Limited, 2008). This trend has important implications for service delivery during the NHP II period as it will imply the need for further priority setting based on the UNMHCP. The current population growth rate will have an escalating effect on the total resource envelope required.

The health sector is financed through government revenue and development assistance under the Sector-Wide Approach (SWAp). Internal budget allocations are based on an agreed formula. The private-not-for profit providers receive a subsidy from the consolidated funds but this has stagnated at 20% over the last few years. The private wings of public hospitals, PNFP and Private Health Providers (PHP) are financed through user fees. The dependency on user fees as the main mechanism of financing for the private sector has created equity gaps with the poor unlikely to afford the services.

3.0 THE DEVELOPMENT CONTEXT

3.1 The International context

As a partner state of the East African Community and the Common Market for Eastern and Southern Africa, Uganda's health policy has been aligned with existing and new regional health sector frameworks. The NDP reflects and spells out the international initiatives to which Uganda is a signatory and these include the Millennium Development Goals (MDGs), the International Conference on Nutrition, the Convention on the Rights of the Child, the UN Convention on the Rights of PWDs, the International Conference on Population and Development, the New Partnership for Africa's Development (NEPAD), the Paris Declaration on Harmonisation and Alignment, the International Health Partnerships and related initiatives (IHP+) and the Abuja Declaration among many initiatives. Uganda renewed her commitment to Primary Health Care (PHC) at the 2008 Ouagadougou Conference. In May, 2008, member states at the World Health Assembly (WHA) adopted a resolution to revitalise PHC and to strengthen health systems. Uganda will renew her commitment and efforts towards PHC, including health systems strengthening, and reducing health inequities through action on the social determinants of health in order to achieve the health-related MDGs and other targets for example those detailed in the 2000 Abuja Declaration on AIDS, tuberculosis and malaria. This calls for scaling up of investments in health promotion and disease prevention, as well as increasing aid effectiveness.

3.2 The national context

The NHP II has been largely informed by the National Development Plan (NDP) which is the overall development framework for the GoU. Economic development is dependent on social and human development among other factors. Improvement of people's health is both an outcome and an input necessary for economic development. The NDP prioritises the implementation of the UNMHCP. This policy has been formulated within the context of the provisions of the Constitution of the Republic of Uganda (1995 as amended) and the Local Government Act (1997 as amended) which decentralised governance and service delivery. The MoH has devolved responsibilities to the districts for them to manage the delivery of health services by both the public and private sectors. The supervision of the NRH and the RRH remains under the MoH headquarters. The NHP II also takes into account the significant increase in the

number of districts. This puts additional strain on health resources for the sector and its organisation. This policy shall further ensure the implementation of activities in line with GoU plans.

4. VISION, MISSION, GOAL AND GUIDING PRINCIPLES

4.1 Vision

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

4.2 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.

4.3 Goal

To attain a good standard of health for all people in Uganda in order to promote healthy and productive lives.

4.4 Social values

This policy puts the client and community at the forefront and adopts a client-centred approach with consideration of both the supply and demand side of healthcare. The following social values, as detailed in the Constitution of the Republic of Uganda and Uganda's Patients' Charter, will guide the implementation of this policy.

4.4.1 The right to highest attainable level of health: The Constitution guarantees rights of all people in Uganda to access basic health services.

4.4.2 Solidarity: Government will give due consideration to pursuit of national solidarity in its attempt to achieve health-related MDGs with special focus on social health protection for vulnerable groups.

4.4.3 Equity: Government shall ensure equal access to the same health services for individuals with the same health conditions.

4.4.4 Respect of cultures and traditions of the people of Uganda: Stakeholders shall respect promotive health aspects of cultures and traditions of the peoples of Uganda. Negative practices and behaviours shall be discouraged.

4.4.5 Professionalism, integrity and ethics: Health workers shall perform their work with the highest level of professionalism, integrity and trust as detailed in the ethics guidelines enforced by professional bodies to which they are affiliated.

4.4.6 Client's responsibilities: Individuals are ultimately responsible for lifestyle decisions they adopt. Clients have the responsibility of seeking care, adhering to treatment and mutual respect for health providers.

4.4.7 Accountability: A high level of efficiency, effectiveness, transparency and accountability shall be maintained in the development and management of the national health system. The health service will be accountable for its performance, not only to the political and administrative system, but, above all, to its client communities.

4.5 Guiding principles

The national policy on health shall be guided by the following principles:

4.5.1 Primary Health Care: PHC shall remain the major strategy for the delivery of health services in Uganda, based on the district health system, and recognising the role of hospitals as an essential part in a national health system. Greater attention and support shall be given to health promotion, education, environmental health, enforcement and preventive interventions as defined in the UNMHCP. Individuals and communities shall be empowered for a more active role in health development. Communities shall be encouraged and supported to participate in decision making and planning for health services provision through Village Health Teams (VHTs) and Health Unit Management Committees (HUMCs).

4.5.2 Decentralisation: Health services shall be delivered within the framework of decentralisation and any future reforms therein.

4.5.3 Evidence-based and forward looking strategy: Implementation of the NHP II shall be evidence-based, forward looking, taking into account emerging trends.

4.5.4 Gender-sensitive and responsive health care: A gender-sensitive and responsive national health delivery system shall be achieved and strengthened through mainstreaming gender in planning and implementation of all health programs.

4.5.5 Pro-poor and sustainability: This policy shall provide a framework to support sustainable development. In order to address the burden of disease in a cost effective way, GoU, PHPs and PNFP organisations shall provide services included in the UNMHCP with special attention to under-served parts of the country. The GoU shall also explore alternative, equitable and sustainable options for health financing and health service organisation targeting vulnerable groups.

4.5.6 Partnerships: The private sector shall be seen as complementary to the public sector in terms of increasing geographical access to health services and the scope and scale of services provided.

4.5.7 UNMHCP: In order to address the burden of disease in a cost-effective way, public and private providers shall offer services that are included in the UNMHCP.

4.5.8 Integrated health care delivery: Curative, preventive and promotive services shall be provided in an integrated manner.

4.5.9 Mainstreaming of health in all policies: Health shall be mainstreamed in all relevant policies. MoH shall guide other government ministries, departments and the private sector on health issues.

4.5.10 Uganda in the international context: In order to minimize health risks, GoU shall play a pro-active role in initiating cross border initiatives in health, adherence to International Health Regulations and health-related issues. The NHP shall follow the principles of the Sector wide Approach, the Paris Declaration and the Accra Agenda for Action through the IHP+ in the interaction and collaboration with national and international development partners.

5. PRIORITY AREAS FOR THE NATIONAL HEALTH POLICY

More than 75% of the overall burden of disease is preventable (NHP 1999). The focus for the NHP II shall be on health promotion, disease prevention and early diagnosis and treatment of disease with emphasis on vulnerable populations. Cost-effective and affordable primary, secondary and tertiary preventive services shall constitute the core health interventions in this policy. In addition the NHP shall focus on health systems strengthening, specifically:

- i. Strengthening health systems in line with decentralisation through training, mentoring, technical assistance and financial support.
- ii. Re-conceptualising and organising supervision and monitoring of health systems at all levels in both public and private health sectors and improving the collection and utilisation of data for evidence-based decision making at all levels.
- iii. Establishing a functional integration within the public and between the public and private sectors in healthcare delivery, training and research.
- iv. Addressing the human resource crisis and re-defining the institutional framework for training health workers, including the mandate of all actors. Leadership and coordination mechanisms, with the aim of improving the quantity and quality of health workers production shall also be a priority.

6.0 POLICY OBJECTIVES AND STRATEGIES

6.1 Organisation and management of the national health system

In accordance with the Constitution of the Republic of Uganda as amended and the Local Government Act, the public health sector shall review the management of decentralisation of health service delivery system. The focus shall be on strengthening health systems' capacity to deliver the UNMHCP including health promotion, environmental health, disease prevention, early diagnosis and treatment. While decentralisation shall be the focus, RRHs shall be strengthened to effectively supervise and support health systems at the regional level. The population in need shall be

the basis of setting up appropriate health services. The sector shall also continue to delegate relevant functions to autonomous national institutions:

6.1.1 Policy objective 1

To strengthen the organisation and management of national health systems.

6.1.2 Policy strategies 1

In order to achieve this policy objective, Government shall:

- (a) Ensure that all relevant levels of the health system carry out their core functions effectively and efficiently.
- (b) Strengthen the District Health System including community healthcare initiatives so that both public and private partners jointly carry out their responsibilities.
- (c) Support the functionality of Health Sub-Districts (HSDs) which will be responsible for management of routine health service delivery at lower levels including, planning and management of health services and fostering community involvement in the planning, management and delivery of healthcare.
- (d) Design, pilot and implement appropriate service delivery models for hard-to-reach areas and disadvantaged population groups.
- (e) Ensure that complete, reliable, timely, efficient and effective health management information for healthcare is provided and shared among all stakeholders in the sector.
- (f) Allocate resources for district health services taking into account their needs.
- (g) Provide services in an integrated manner in order to harness efficiency and only maintain vertical programmes where they remain the most efficient and effective way of achieving specific objectives.
- (h) Plan, design and install Information, Communication and Technology (ICT) infrastructure and software for the management and delivery of care.

- (i) Establish a regional level of administration of health services to serve as a link between the national and District Health Systems.

6.1.3 Policy objective 2

To improve access to quality hospital services at all levels in both the public and private sectors.

6.1.4 Policy strategies 2

In order to achieve this objective Government shall:

- (a) Make hospitals semi-autonomous and strengthen management capacity at all levels within hospitals including community health departments.
- (b) Strengthen lower level facilities so as to enable referral system to function.
- (c) Strengthen a national referral system for primary, secondary and tertiary care.
- (d) Strengthen the development of specialised hospital care shall be provided in autonomous and national referral hospitals, including the Uganda Heart and Uganda Cancer Institutes and other tertiary care units.

6.2 The minimum health care package

The minimum health care package in Uganda shall consist of the most cost-effective priority healthcare interventions and services addressing the high disease burden that are acceptable and affordable within the total resource envelope of the sector. The package shall consist of the following clusters.

- (a) Health promotion, environmental health, disease prevention and community health initiatives, including epidemic and disaster preparedness and response
- (b) Maternal and Child Health;
- (c) Prevention, management and control of communicable diseases
- (d) Prevention, management and control of non-communicable diseases.

The composition of the package shall be re-visited periodically depending on changes in disease burden, availability of new interventions to address these conditions,

changes in the cost-effectiveness of interventions and the total resource envelope available for service delivery and shall be based on available evidence. Greater attention shall be paid to ensure equitable access to the package including affirmative action for under-served areas, vulnerable populations and continuum of care.

6.2.1 Policy objective

To ensure universal access to quality UNMHCP consisting of promotive, preventive, curative and rehabilitative and palliative services for all prioritised diseases and conditions, to all people in Uganda, with emphasis on vulnerable populations.

6.2.2 Policy strategies

In order to achieve this policy objective, Government shall:

- (a) Prioritise interventions that are proven effective against diseases targeted for control, elimination or eradication, and in conjunction with the private sectors provide in an integrated manner promotive, preventative, curative and rehabilitative services that have been proven effective, cost effective and affordable.
- (b) Ensure that all people in Uganda, both users and providers of health services, understand their health rights and responsibilities through implementation of comprehensive advocacy, communication and social mobilisation programs.
- (c) Improve people's awareness about health and related issues in order to bring about desired changes in knowledge, attitudes, practices and behaviours regarding the prevention and control of major health and nutrition problems in Uganda. In order to achieve this, government will promote the use of social marketing and establish a clear marketing plan that will be pro-active in targeting groups with the greatest need and use varying media according to the target audience.
- (d) Gradually strengthen responsible self-care, especially at primary care level, for selected health problems and patient categories through carefully planned and evaluated pilot phases.

- (e) Strengthen community health services,

6.3 Supervision, monitoring and evaluation

The policy recognises that effective supervision and monitoring are an essential aspect of the health system and are critical in improving the quality of health services and care.

6.3.1 Policy objective

To build a harmonised and coordinated national health information system with the MoH Resource Centre as national custodian, in order to generate data for decision making, programme development, resource allocation and management at all levels and among all stakeholders.

6.3.2 Policy Strategies

In order to achieve this objective, Government shall:

- (a) Build sustainable capacity at all levels of MoH, local governments, the private sector, facilities and communities to carry out supportive supervision, monitoring and evaluation of health interventions and disease surveillance.
- (b) Re-conceptualise and re-organise the managerial and clinical support mechanisms and structure to districts and RRH, including re-defining the role of the Area Teams, Office of the Medical Superintendent and Hospital Directors, Community Health Departments (CHDs) at RRH and other facilities at Regional , district and sub-district level.
- (c) Strengthen and ensure support for the Health Management Information System (HMIS) at all levels through increased investments, including the development and use of appropriate ICT for improving communication and information flow.
- (d) Increase the training, recruitment and deployment of required human resource for effective data management and dissemination at all levels.
- (e) Facilitate the establishment and operation of a community-based health information system.

- (f) Ensure utilisation and dissemination of information to other stakeholders for purposes of improving management, sharing experiences, upholding transparency and accountability.
- (g) Generate through periodic surveys, appropriate data for effective planning, management and delivery of health services.
- (h) Ensure continuity of care, design appropriate medical records and improve their utilisation at community and facility level.

6.4 Research

The GoU prioritises research in order to support evidence-based policy and intervention formulation, identification of gaps and critical factors for special needs for vulnerable groups especially women and children. Particular attention will be given to how research can be used to guide the development and implementation of health systems, health promotion, environmental health, disease prevention and early diagnosis and treatment. The health sector shall take the lead in formulation of the agenda for operations research while other institutions such as universities shall be more involved in execution of research.

6.4.1 Policy Objective

To create a culture in which health research plays a significant role in guiding policy formulation and action to improve the health and development of the people of Uganda.

6.4.2 Policy Strategies

In order to achieve this objective Government shall:

- (a) Develop and implement, under the coordination of Uganda National Health Research Organisation (UNHRO), a prioritised national health research agenda in a consultative manner and undertake effective dissemination of research findings.
- (b) Harness development partners' and government funds to successfully implement the national health research agenda.

- (c) Promote dialogue and information sharing between the policy makers, researchers, healthcare providers and communities in order to ensure that research is relevant to the needs of the people and consistent with NHP II and National Health Sector Strategic Plans, and that research findings are utilised by the relevant stake holders.
- (d) Strengthen health research capacity in institutions at all levels and develop quality human resource and infrastructure.
- (e) Ensure an ethical code of conduct for health research in Uganda, promoting the safety and rights of research participants, as well as the researchers as per the UNHRO Act.

6.5 Legal and Regulatory Framework

Appropriate legislation and its enforcement provide an enabling environment for operationalisation of the policy, and are essential for an effective health service delivery system.

6.5.1 Policy objectives

To review and develop relevant Acts and regulations governing health in Uganda and to ensure their enforcement.

6.5.2 Policy strategies

In order to achieve this policy objective, Government shall:

- (a) Identify emerging health issues, conditions and therapeutic interventions that require new legislation and policies, and develop new legislation as appropriate and in a timely manner.
- (b) Strengthen coordination of policy development in health-related sectors to ensure mainstreaming of health issues.
- (c) Strengthen relevant institutions including National Drug Authority and Professional Councils to develop and enforce health and related legislations.

- (d) Support and implement an effective regulatory environment that will enforce existing legislation and policies, including inspections by regulatory bodies, and ensure that high quality services are provided.
- (e) Support the development of an effective regulatory environment and mechanisms for clients who seek redress for poor service provision
- (f) Support the development and enforcement of by-laws and regulations at local government level that can directly impact the social determinants of health.

6.6 Health resources

In order to effectively deliver the UNMHCP at all levels, government with support from development partners, communities and the private sector shall make available an optimal level of all necessary health resources including human resources, medicines and other health supplies, health infrastructure and financial resources.

6.6.1 Human Resource

The health sector recognises the critical role of human resource in health in terms of numbers, skill mix and quality in the delivery of the UNMHCP. In addition, the inadequate numbers and professional mix graduating from training institutions make it difficult to meet the human resource needs for the delivery of the minimum package. This policy calls for strengthening human resources through attraction, proper motivation, remuneration, development of human resources relevant to the needs of Uganda and promotion of professionalism among health workers.

6.6.1.1 Policy Objective I

- (a) To ensure adequate and appropriate Human Resource (HR) for health service delivery.

6.6.1.2 Policy strategies I

In order to achieve policy objective I, Government shall:

- (a) Strengthen human resource planning in the health sector.
- (b) Produce, recruit and retain more health workers with appropriate professional mix in partnership with the private sector.

- (c) Review curricula and training strategies to enable health workers cope with emerging health problems, approaches and challenges.
- (d) Re-define the institutional framework of health workers' training institutions including the mandate, leadership and coordination mechanisms among all stakeholders.

6.6.1.3 Policy objective II

- (a) To increase motivation, productivity, performance, integrity and ethical behaviour of human resource through the development and efficient utilisation of the health workforce.

6.6.1.4 Policy strategies II

In order to achieve policy objective II, Government shall:

- (a) Strengthen management and leadership skills at all levels in public and private sectors to ensure effective planning and efficient management of resources.
- (b) Strengthen supportive supervision and performance management for both public and private health workers.
- (c) Strengthen enforcement of professional standards and develop effective ways of increasing health workers accountability towards client communities.
- (d) Ensure a fair and transparent professional and career development for all public and private sector health workers.
- (e) Develop and implement a safe working environment to minimise health risk for the human resource and patients.
- (f) Ensure provision of appropriate remuneration of health workers
- (g) Ensure provision of decent accommodation for health workers at health facilities.

- (a) Develop and promote other schemes that specify incentives for deployment and retention of health workers, especially in hard-to-reach areas.

6.6.2 Medicines and health supplies

The shortage of medicines and health supplies in health facilities constitutes a major problem in service delivery. Poor quantification, late orders, inadequate financing and lack of trained pharmacists/dispensers contribute to this shortage.

6.6.2.1 Policy objective

To ensure that essential, efficacious, safe, good quality and affordable medicines and health supplies are available and used rationally at all times in Uganda.

6.6.2.2 Policy strategies

In order to achieve this objective, Government shall:

- (a) Ensure adequate financing of essential medicines and health supplies.
- (b) Promote regional and international collaboration on medicine regulation and bulk purchasing.
- (c) Encourage local production of medicines and ensure compliance with Standards of Good Manufacturing Practices.
- (d) Promote, support and sustain interventions that ensure efficient medicines and health supplies logistics management, rational prescribing, dispensing and use.
- (e) Strengthen the existing regulation and its enforcement in the pharmaceutical sector.
- (f) Support the National Drug Authority to ensure safety and efficacy of medicines, including traditional medicines.
- (g) Integrate relevant aspects of private sector activities into the MoH pharmacy policy framework on issues such as accreditation, standards of practice and cooperation and collaboration with training institutions.
- (h) Promote and support good and relevant aspects of complementary and traditional medicines.

6.6.3 Health Infrastructure

Health infrastructure comprises buildings, plant, equipment (medical devices, other equipment for health facilities and IT equipment), transport and health care waste management. Government shall provide the necessary resources to ensure provision and maintenance of adequate infrastructure over the next decade, with priority being given to consolidation of existing facilities.

6.6.3.1 Policy Objective

- (a) To provide and maintain functional, efficient, safe, environmentally friendly and sustainable health infrastructure including laboratories and waste management facilities for the effective delivery of the UNMHCP, with priority being given to consolidation of existing facilities.

6.6.3.2 Policy strategies

In order to achieve this objective, Government shall:

- (a) Prioritise renovation, maintenance and rational use of health infrastructure.
- (b) Ensure evidence-based capital investment to address sectoral priorities.
- (c) Strengthen planning, procurement and management of health infrastructure according to agreed standards.
- (d) Support private sector in health infrastructure.
- (e) Ensure appropriate medical and related waste disposal.

6.6.4 Health financing

Government with support from development partners shall provide adequate resources to the health sector. Efforts for improving health financing in Uganda shall be guided by the concepts of Universal Coverage and Social Health Protection.

6.6.4.1 Policy Objective

To mobilise sufficient financial resources to fund the health sector programmes while ensuring equity, efficiency, transparency and mutual accountability.

6.6.4.2 Policy strategies

In order to achieve this policy objective Government shall:

- (a) Develop a comprehensive health financing strategy addressing resource mobilisation, pooling of funds, efficiency (allocative, technical and administrative) and equity.
- (b) Consider regional and international commitments to which the Government of Uganda is a signatory in the process of budgetary allocations to and within the health sector.
- (c) Ensure that resources are allocated in a manner that prioritises funding of the UNMHCP.
- (d) Ensure that all financial resources to the health sector are administered according to the GoU financial regulations.
- (e) Establish overall adjusted health financing mechanisms based on pre-payment and financial risk pooling aiming at universal coverage and social health protection. These shall include national health insurance and other community health financing mechanisms.
- (f) Revise and expand contracting mechanisms with the private sector to improve resource use and efficiency in service delivery and general support services.
- (g) Strengthen programming of external funding for health through improved harmonisation and alignment to sector priorities, mutual accountability and improved reporting.
- (h) In addition to regulatory mechanisms, implement fiscal and financing mechanisms that promote private sector growth.

6.7 Partnerships in health

Ministries, government and private health sectors, development partners, CSOs and communities shall play an important role in healthcare, training and research and in

this regard the GoU shall foster and sustain partnerships with all the different relevant institutions, including corporations and business concerns that are involved in service delivery.

6.7.1 Public Private Partnership in Health (PPPH)

The draft National Policy on PPPH shall be finalised, disseminated and operationalised. The policy will provide a framework for linkages of the public and private sectors. The private health sector includes Private-Not-for-Profit (PNFP), Private Health Providers (PHP) and Traditional and Complimentary Medicine Providers (TCMPs). Structures for coordination are in place at the central level but are weak at district level. Over the next decade Government shall establish and strengthen PPPH the necessary structures at district and lower levels necessary to implement the PPPH policy guidelines. The contribution of the CSOs shall be encouraged and promoted.

6.7.1.1 Policy Objective

To effectively build and utilise the full potential of public and private partnerships in Uganda's national health development by encouraging and supporting participation in all aspects of the National Health Policy implementation at all levels and according to the National Policy on PPPH.

6.7.1.2 Policy strategies

In order to achieve this objective Government shall:

- (a) Assure continued participation of the private sector in the process of policy development, planning, effective implementation and quality assurance, with the aim of building consensus and sharing ownership of policies and plans.
- (b) Establish appropriate legislative frameworks and guidelines to facilitate and regulate the private sector in line with existing laws and regulations.
- (c) Establish specified structures of the partnership, at all local government levels, to facilitate consultation and coordination among partners and promote active participation of the private sector in district health planning and services delivery.

- (d) Work with the private sector to reform incentive mechanisms (e.g. fiscal) that would attract legally accepted private health practitioners to the under-served and difficult-to-reach areas.
- (e) Formalise commitments with the PNFP sub-sector through memoranda of understanding and service level agreements with the view of ensuring that the level of subsidies is linked to agreed outputs with the objective of improving access for vulnerable populations.
- (f) Support the adoption of the HMIS by the private health providers to improve completeness of national data, planning and health financing.
- (g) Facilitate access of the private sector to development capital, essential medicines and supplies for healthcare developments vital to service expansion to the population.
- (h) Develop and establish collaboration mechanisms with TCMPs in the broad service delivery.

6.7.2 Inter-sectoral and inter-ministerial partnership

Recognising the role played by different sectors including government ministries and departments in contributing to promoting health, the MoH shall take the principal role in advising, mobilising and collaborating with other government ministries and departments on health matters.

6.7.2.1 Policy Objective

To strengthen collaboration between the health sector, government ministries and departments and various public and private institutions dealing with health and related issues for instance universities and professional councils.

6.7.2.2 Policy strategies

In order to achieve this objective Government shall:

- (a) Define, for all levels of the government system, structures and methods of consultation for any cross-cutting issue which may have multi-sectoral implications.

- (b) Promote the use of Health Impact Assessment (HIA) as a tool for measuring the potential impact of new policies in other sectors, on the population in general, and on various population categories in terms of gender, age, socio-economic status (including the more vulnerable, disadvantaged and marginalised strata of the population).

6.7.3 Health Development Partners

Uganda has implemented the SWAp in health for the previous ten years. A Memorandum of Understanding (MoU) exists between MoH and Health Development Partners (HDP). The Uganda Health SWAp is a sustained partnership whose goal is to achieve improvement in people's health through a collaborative programme of work, with established structures and processes for negotiating policy, strategic and management issues, and reviewing sectoral performance against jointly agreed milestones and targets. Uganda is signatory to the International Health Partnership and related initiatives (IHP+). IHP+ seeks to ensure that all stakeholders rally around one result-focused country-led national health plan, one monitoring and evaluation framework, one review process focusing on results and mutual accountability in the joint effort towards the achievement of the health-related MDGs.

6.7.3.1 Policy objective

To implement the National Health Policy and the Health Sector Strategic Plan within the SWAp and IHP+ framework, through a single harmonised in country implementation effort, scaled up financial, technical and institutional support for health MDGs and ensuring mutual commitment and accountability.

6.7.3.2 Policy strategies

In order to achieve this objective Government shall:

- a) In collaboration with key development partners, harmonise and align aid delivery, following the spirit of the Paris Declaration (2005) to accelerate progress in implementation of the Accra Agenda for Action.
- b) Continue to generate consensus with all development partners on the key national development objectives, health priorities, and the main strategies for attaining them.

- c) Promote a common framework to be used by HDPs and GoU for planning, budgeting (the Joint Budget Support Framework), disbursement, program management, support supervision, accounting, reporting, monitoring and evaluation.
- d) Progress with the gradual integration of on-going programs and projects into the HSSP.
- e) Strengthen capacity at national and district levels for effective coordination of all development partners in health, eliminating duplication of efforts and rationalising HDP activities to make them more cost-effective.
- f) Define measures and standards of performance, accountability and transparency in financial management, procurement, and program implementation in line with accepted good practices.

6.7.4 Partnership with the community

Community participation and empowerment with respect to health service delivery has been inadequate. Government shall continue to actively promote community participation in health service delivery and management.

6.7.4.1 Policy objective

To ensure that communities, households and individuals are empowered to play their role and take responsibility for their own health and well being and to participate actively in the management of their local health services.

6.7.4.2 Policy strategies

In order to achieve this objective, Government shall:

- (a) Expand VHTs to all local governments and explore ways of sustaining the VHTs which constitute the first point of contact for the majority of people in rural areas.
- (b) Build capacity to ensure the participation of communities in the design, planning

and management of health services including ensuring the functioning of the Health Unit Management Committees and boards of autonomous and semi-autonomous institutions.

7. COMMUNICATION AND DISSEMINATION OF NHP II

In order to ensure that this policy is widely known, accepted and adhered to by all stakeholders, GoU shall print and disseminate the policy at all levels. Electronic means of communication shall also be employed. The MoH and other stakeholders at all levels shall engage in communicating and disseminating the policy among all stakeholders. A communication strategy will be developed. This shall be achieved through national and district based workshops and in both print and electronic media among others.

8. NHP II IMPLEMENTATION ARRANGEMENTS

These plans shall be linked to the National Development Plan and other planning frameworks implemented through the development of two five-year Strategic and Investment plans. These plans shall be operationalised through the development of integrated annual workplans developed with input from all stakeholders. Districts, hospitals and training institutions will develop their annual implementation plans with input from relevant stakeholders and communities which will feed into the national integrated workplans. Districts will be responsible for the development and implementation of their plans with support from the center.

9. MONITORING AND EVALUATION

A monitoring and evaluation framework for all stakeholders will be developed to monitor attainment of the NHP objectives.

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