Decoding Country-Level UHC Financing Policy

FAMILY PLANNING ADVOCACY IN UGANDA

PAI | PARTNERS IN POPULATION AND DEVELOPMENT
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UHC ENGAGE

Universal health coverage (UHC) is the defining health goal of the sustainable development era and requires country-specific health systems and financing changes. As governments across Asia and Africa introduce UHC financing reforms centered on nationwide health insurance schemes, policymakers have the chance to design reforms that deliver for women and girls from the beginning. Through the policy process, there are advocacy entry points for sexual and reproductive health and rights (SRHR) champions from civil society to engage alongside government counterparts. Advocates can use these opportunities to ensure decision-makers develop UHC policies that are rights-based; increase the availability, affordability, acceptability, equity and quality of sexual and reproductive health services and commodities; and bolster sustainable domestic financing for family planning (FP).

With this urgent motivation, PAI launched UHC Engage, a multiyear, evidence-based advocacy project that supports SRHR champions in countries where governments are introducing UHC-oriented reforms, including Ethiopia, Ghana, India, Kenya, Uganda and Zambia. PAI is working with civil society partners to prioritize SRHR within emerging UHC policies and share learnings from these local FP advocacy efforts to inform the global UHC conversation.

DECODING COUNTRY-LEVEL UNIVERSAL HEALTH COVERAGE FINANCING POLICY

Family Planning Advocacy in Uganda

The goal of universal health coverage (UHC) is inspiring landmark political and systemic change all over the world to guarantee access to the quality services people need — spanning preventive through palliative care — and financial protection to ensure they are not pushed into poverty by realizing their right to health care. However, the details of emerging policies at the country level are not widely available at the global and regional levels. Through the UHC Engage project, PAI and partners collaborated to develop a series of publications demystifying country-specific UHC financing policies to illustrate family planning (FP) advocacy opportunities and inform the international dialogue. As each country is in a different stage of UHC financing reform, these briefs deconstruct UHC policy processes in real time, illuminate multifaceted examples for advancing FP in UHC-oriented policies and offer insights across multiple contexts for sexual and reproductive health and rights (SRHR) advocates to strengthen global action.

In Uganda, policymakers introduced a bill in 2019 to create a National Health Insurance Scheme (NHIS) — an important first step for the country's UHC financing agenda. Government officials have consulted civil society and local communities along the way to ensure a comprehensive foundation for the most significant health policy and financing reform in decades. Early in policy discussions, the government engaged Partners in Population and Development Africa Regional Office (PPD ARO), which plays a pivotal convening role between civil society and policymakers. In future advocacy opportunities with the Ministry of Health (MoH), PPD ARO will prioritize ensuring that essential FP commodities and services are included in the policies, guidelines and regulations operationalizing the NHIS following the legislative process.

Uganda's FP Snapshot

In its most recent Family Planning 2020 commitment, the Ugandan government set the primary goals of reducing unmet need for FP to 10% and increasing the modern contraceptive prevalence rate to 50% by 2020.[1] The government has also prioritized a targeted response to meet the sexual and reproductive health needs of adolescents. To reach these objectives, policymakers must prioritize removing access barriers and offering expanded method choice. Across public sector facilities — the country's main provider of modern contraception — as well as private and faith-based facilities, there is a high level of dependence on short-term methods.[2,3]

FP is provided under the Uganda National Minimum Health Care Package (UNMHCP), which was introduced in 1999 through a budget allocation and is paid for by the government, as well as private and development partners. All public facilities are expected to provide the UNMHCP free of charge, but many people ultimately pay out of pocket when public services are unavailable due to stockouts, limited method mix or other barriers to care.[4] Additionally, the health sector is

currently facing funding challenges and cannot deliver the UNMHCP to all who are eligible.

The government relies heavily on donors to finance FP. In Uganda, 46.9% of total FP spending comes from external financing and FP commodities are fully financed by donors.[5,6] This represents a trend in Uganda's health financing, where together, donor funding and out-of-pocket spending comprise 82% of all health financing, compared with the government's 16% contribution. Out-of-pocket spending alone accounts for 39% of health financing.[7]

As Uganda's government prepares to introduce a nationwide health insurance program, SRHR champions recognize this context presents a critical advocacy moment. Since the benefits package will be covered by the scheme, including FP commodities and services in this package would provide a path to transition away from donors funding 100% of commodities. As a pre-payment scheme, this program would also mitigate out-of-pocket barriers for Ugandans accessing FP through the public sector; expand FP offerings in facilities; enable the government to increase its domestic financing for FP; and reduce donor reliance on health overall.

Uganda's Commitment to UHC

Policies to advance UHC have widespread support among Ugandan decision-makers across sectors. The government has elevated UHC as a key strategy for the national development agenda, Uganda Vision 2040, which is a series of policies aimed at transforming Uganda into an upper-middle-income country in the coming decades. Following suit, the MoH and Ministry of Finance introduced the Health Sector Development Plan (HSDP) and Health Financing Strategy (HFS) — two key policies framed around achieving UHC and laying the groundwork for reforms, including a new nationwide health insurance program.

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THE HSDP

In 2015, the HSDP established Uganda's health sector objectives through 2020 and identified UHC as a central goal. Broadly, the plan's three thematic areas are the social determinants of reproductive, maternal, neonatal, child and adolescent health outcomes; noncommunicable disease prevention and treatment; and communicable disease prevention and treatment.[8] The HSDP has served as a roadmap for all health sector programs and policies, and its 2020–2025 update is currently being developed.

THE HFS

To complement the HSDP, the government introduced the HFS in 2016 with the main objective of achieving UHC. This strategy also set an overall financing goal for the health sector: to decrease its dependence on development partner contributions and out-of-pocket payments, especially among individuals of low socioeconomic status and other vulnerable groups. To that end, the HFS formally introduced plans to increase government funding to protect those who otherwise cannot afford care and to establish a nationwide social health insurance scheme.[9]

Uganda's Health Financing Reform Toward UHC: Introducing an NHIS

To reach the UHC goals outlined in the HSDP and HFS, the government introduced legislation to establish an NHIS as Uganda's primary health financing reform toward UHC. The National Health Insurance Scheme Bill (NHIS Bill) mandates the existence of the scheme, the governance and administrative functions, as well as the sources and methods of financing. Depending on its design, the NHIS could allow the government to strengthen revenue generation, increase domestic resource mobilization and enable better pooling for strategic purchasing and procurement of health care services and commodities.

Policymakers began discussing an NHIS in the early 1990s and developed several iterations of legislation over the years without any significant movement until now. In August 2019, the government of Uganda introduced the NHIS Bill to Parliament for its first reading. The bill establishes a social health insurance scheme financed primarily by employee contributions from the formal and informal sectors. As detailed in this legislative framework, the NHIS is intended to expand access to quality health services without increasing financial hardship for those paying for care out of pocket.

As they refine the NHIS Bill, parliamentarians are proactively seeking feedback at the community level, requesting technical assistance from civil society and public health institutions and coordinating closely with the MoH. Once the NHIS Bill is signed into law, the MoH will develop regulations, guidelines and other supportive policies to operationalize a nationwide system alongside the administrative body of the NHIS. These determinations include, but are not limited to, the health benefits package, administrative structure and approved list of providers.

NHIS Policy Process

To realize the NHIS, next steps hinge on Parliament passing the NHIS Bill before the MOH carries the role forward with detailed policies and regulations to determine and guide implementation.

FP Advocacy Opportunities

At Parliament's request, PPD ARO is taking a leading role in convening civil society organizations (CSOs) to discuss NHIS functions and parameters, alongside decision-makers. The technical assistance that PPD ARO provides on FP and health financing has proven invaluable to both civil society colleagues and government

LEGISLATIVE STAGE

PARLIAMENTARY HEALTH COMMITTEE INTRODUCES NHIS BILL (AUG. 2019)

The MoH submitted the bill for its first reading to Parliament, which received public support from parliamentarians and CSOs.

PARLIAMENTARY HEALTH COMMITTEE SUBMITS NHIS BILL FOR SECOND READING AND PASSES IT INTO LAW

The bill's next step is parliamentary debate and enactment. If there is no disagreement among parliamentarians, it will be passed into law.

MOH POLICY STAGE

MOH DRAFTS REGULATIONS AND POLICIES TO OPERATIONALIZE NHIS

Once the NHIS Bill is signed into law, the NHIS will be operationalized through the development of guidelines and regulations for the scheme, including its benefits package, administrative structure and approved list of providers.

counterparts. CSO partners like PPD ARO will continue to be instrumental in the progression of the NHIS. As decision-makers consider policies to operationalize the scheme, there are several advocacy entry points to prioritize FP in the UHC agenda.

1 **Legislative Stage**

- **CSO Engagement and Convenings**

  As parliamentarians developed the structure of the NHIS, leaders in the health committee proactively involved civil society and local communities. The Committee on Health has sought ongoing feedback from these stakeholders through various requests for technical assistance, national-level meetings and a regional community consultation effort. This act of leadership from the government presented an early opportunity for CSO engagement. As a result, civil society has been informed of forthcoming advocacy opportunities in the MoH-led policies and regulations process.

  To support requests from Parliament for consultation and technical assistance, PPD ARO drafted a publication outlining the NHIS Bill's objectives, processes and implications. This tool was an important foundation for meetings that PPD ARO and partners convened to explain the bill's technical details and discuss considerations for the government to ensure FP access and community-driven participation. PPD ARO and partners also collaborated with regional colleagues like Amref to provide technical assistance and insight on UHC from neighboring countries.

  As the NHIS Bill moves forward in Parliament, PPD ARO will continue to mobilize CSO partners, monitor key developments and respond to government requests for technical expertise and support. Additionally, PPD ARO and partners will maintain their efforts to work with the media to increase public awareness and appreciation of the scheme and to clarify technical aspects of the NHIS.

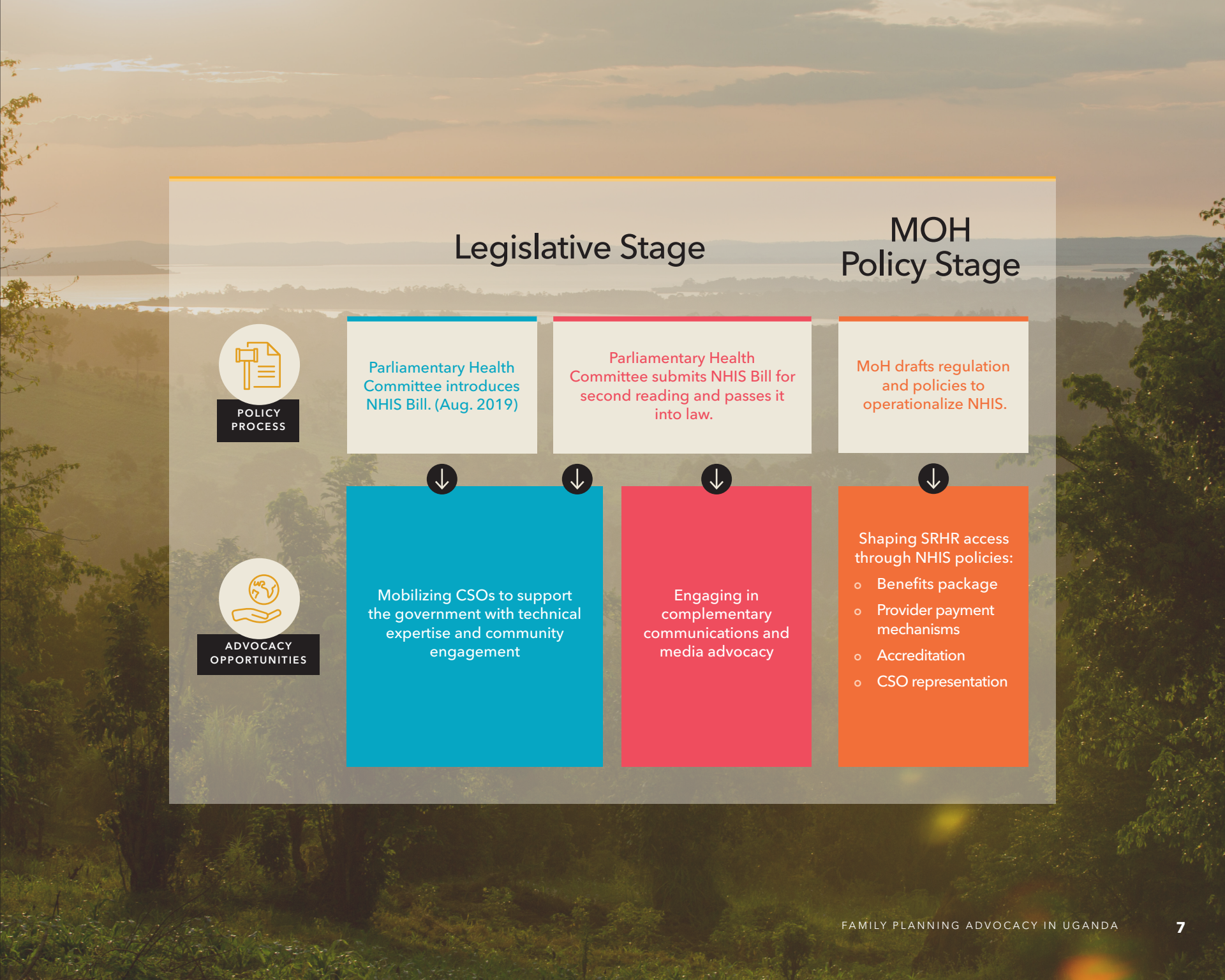
2 **MOH Policy Stage**

- **Influencing MoH NHIS Regulations and Policies**
  Following the passage of the NHIS Bill, there will be many opportunities for FP advocacy as the MoH develops accompanying policies and regulations that will operationalize the NHIS and shape SRHR access, including:

  - **Benefits Package**
    When the MoH determines and costs a benefits package for the scheme, it will be key to ensure that this includes the full spectrum of sexual and reproductive health care, including FP commodities, services and information.

  - **Provider Payment**
    As the MoH determines how providers and facilities receive funding to deliver services covered under the NHIS benefits package, advocates have an opportunity to influence FP service and commodity reimbursements to ensure high-quality, equitable provision of care.

  - **Accreditation Processes for Approved Providers**
    All government-run public health facilities, hospitals and health centers will be automatically included in the proposed NHIS. However, the MoH will need to establish an accreditation process to verify private, NGO and faith-based facilities as official providers under the scheme. Once this process is operationalized, all accredited providers will be paid by the scheme for services rendered under the benefits package.


Legislative Stage
MOH Policy Stage
POLICY PROCESS
Parliamentary Health Committee introduces NHIS Bill. (Aug. 2019)
Parliamentary Health Committee submits NHIS Bill for second reading and passes it into law.
MoH drafts regulation and policies to operationalize NHIS.
ADVOCACY OPPORTUNITIES
Mobilizing CSOs to support the government with technical expertise and community engagement
Engaging in complementary communications and media advocacy
Shaping SRHR access through NHIS policies:
Benefits package
Provider payment mechanisms
Accreditation
CSO representation

Prioritizing FP in UHC financing policy reforms is only the beginning.

- **Ensuring CSO Representation on the NHIS Board of Directors** The NHIS board, composed of members appointed by the MoH, will be charged with the policy direction of the scheme. Advocates are exploring the possibility of CSO representation in NHIS governance through this leadership body. With civil society membership on the NHIS board of directors, CSOs could play a vital liaison role given their technical expertise, in-depth experience with the communities they serve and an understanding of advocacy tools to hold government processes and systems accountable.

The Next Decade and Beyond

As PPD ARO and partners continue to make headway on ensuring UHC reforms in Uganda increase access to FP, advocates are readying themselves for the long haul. Prioritizing FP in UHC financing policy reforms is only the beginning. To reach universal sexual and reproductive health access through UHC, major policy and programmatic changes are needed across complementary parts of the health system, including the health workforce, service delivery, supplies, governance and information systems. Civil society champions like PPD ARO will remain pivotal to government efforts to achieve effective, sustainable change during this decade of action and following the global target date of 2030. ■

REFERENCES

1 Family Planning 2020. (2017, July 11). Family Planning 2020 Commitment: Government of Ghana. http://www.familyplanning2020.org/sites/default/files/Uganda_FP2020_Commitment_2017_0.pdf

2 ThinkWell. (2020, May). *Uganda: Strategic purchasing strategies and emerging results*. https://thinkwell.global/wp-content/uploads/2020/02/SP4PHC-Uganda_26-May-2020-updated.pdf

3 Track 20. (2020, July 31). *Family Planning 2020 Women at the Center (2018-2019)*. http://progress.familyplanning2020.org

4 Kadowa, I. (2017, August). *A Case Study of the Uganda National Minimum Healthcare Package*. https://www.equinetafrica.org/sites/default/files/uploads/documents/EHB%20Uganda%20case%20study%20repAug2017pv.pdf

5 World Health Organization. (2020, August 1). Global Health Expenditure Database. https://apps.who.int/nha/database

6 U.S. Agency for International Development, Global Health Supply Chain Program, Procurement and Supply Management. (2018, November 8). 2017 Contraceptive Security Indicators Report. https://www.ghsupplychain.org/sites/default/files/data/FullReport.pdf

7 World Health Organization. (2020, August 1). Global Health Expenditure Database. https://apps.who.int/nha/database

8 Republic of Uganda Ministry of Health. (2015, September). Health Sector Development Plan (2015/16 – 2019/20). https://www.health.go.ug/sites/default/files/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf

9 Republic of Uganda Ministry of Health. (2016). Health Financing Strategy: 2015/16 – 2024/25. http://library.health.go.ug/publications/health-financing-accounting/health-financing-strategy-201516-%E2%80%93-202425

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