

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

**Statement to Parliament on the State of Public
Healthcare Service Delivery in Uganda**

Honorable Minister of Health

September 2021



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The Rt. Honorable Speaker

Hon. Members of Parliament

The Ministry of Health was requested to make a comprehensive statement on the state of public healthcare service delivery in Uganda and the budgetary implications. I would first of all like to thank Parliament for the interest and commitment in improving health care service delivery, as this will go a long way in contributing to the goal of the health sector which is Universal Health Coverage by 2030 in line with the Sustainable Development Goal 3. The definition of Universal Health Coverage adopted by the country is *“all persons in Uganda have equitable access to comprehensive quality health and related services without financial constraints – all delivered through a multi-sectoral approach”*.

This statement will focus on the following key areas of the health sector; i) Background, ii) Service delivery, iii) Status of hospitals, iv) District health infrastructure construction. v) Medical equipment, vi) Emergency Medical Services, vii) Human Resources, viii) Supervision and monitoring service delivery, ix) Pharmaceutical services and health commodities, x) Disease Surveillance and Epidemic Control and Response, xi) Laboratory Services, and xii) Summary of the major challenges.

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1. Background

Rt. Hon. Speaker

Hon. Members of Parliament

Overall, 86% of the population access healthcare within a 5 km radius of a public or private health facility (*Uganda National Service Delivery Survey, 2018*). However, the pattern of access to healthcare is not uniform across the sub-regions. According to the MoH Health Facility Inventory of 2018, there were 6,937 health facilities in Uganda. 3,133 (45%) public, 2,976 (40%) private for profit with over 90% in Greater Metropolitan Kampala, and 1,008 (15%) Private-not-for profit.

The Life Expectancy in Uganda at birth is 63.3 years (Census 2014), an increase from 48 years in 1991. The country's infant mortality rate reduced from 54 per 1,000 live births in 2011 to 43 per 1,000 in 2016. This is the only Millennium Development Goal (MDG) that Uganda achieved. The under-5 mortality rate reduced from 90 to 64 per 1,000 live births. However, the neonatal mortality rate remained stagnant at 27 per 1,000 live births. Maternal mortality ratio decreased from 438 per 100,000 live births in 2010 to 336 per 100,000 by 2016. Uganda Bureau of Statistics is undertaking the Uganda Demographic Health Survey – 7 and this will provide us with the current health status of the population.



The population growth rate has remained over 3% for the past several decades; and this is attributed to the country's fertility rate of 4.9 births per woman (UDHS, 2016). This high population growth rate results into an additional 1.4 million Ugandans each year and has implications for health planning and resource allocation. The situation is further compounded by unplanned rapid urbanization, poor domestic, industrial and healthcare waste management, high poverty, unemployment, environmental degradation, inadequate infrastructure and, major disease outbreaks, among others. Some of these are non-health sector factors but have a great impact on the health status of the population and thus the need to have a multi-sectoral approach to achieve Universal Health Coverage by 2030.

The Ministry of health has been providing a Minimum Health Care Package which was designed and approved in 1999. The package comprises services that have been classified into four clusters: (1) Health Promotion, Environmental Health, and Community Health Initiatives; (2) Maternal and Child Health; (3) Communicable Disease Control; and (4) Prevention and Control of Non-Communicable Diseases, Disabilities and Injuries, and Mental Health problems.

Over the last 3 years, financial allocations to the health sector against the national budget have been as follows;

- 2018/19 – 7.2%



- 2019/20 – 7.2%
- 2020/21 – 6.0%
- 2021/22 – 7.5%

This allocation translates to about USD 17 (UGX. 62,900/=) per capita. The World Health Organization provides a government spending benchmark for low-income countries like Uganda of estimated USD 34 (UGX. 125,800/=) per capita as the minimum for providing the essential healthcare package exclusive of HIV/AIDS and TB medicines. *With the current level of funding, the health sector will not achieve the targets indicated in the National Development Plan III and the health-related SDGs including reduction of child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases*

2. Service Delivery

The Ministry of Health Service Standards provide for seven levels of health service delivery and these are;

- Specialized Hospitals**
- National Referral Hospitals**
- Regional Referral Hospitals**
- General Hospitals**
- Health Center IVs**



- vi. Health Center IIIs
- vii. Village Health Teams

The existing Health Centre IIs in sub counties without Health Centre IIIs (HC III) are being upgraded to Health Center IIIs while new HC IIIs will be constructed in sub counties without any health facility. In addition, sub counties/divisions/town councils with populations of above 20,000 or difficult terrains will be considered for two HC IIIs. The health centre IIs that do not fall in this category will be used as outposts for the Village Health Teams.


The table below shows the current health services offered and minimum requirements per level of care

Table 1: Health Service Delivery Structure by Level

Level	Target	N ^o of beds	Staffing	Health Care Services Provided
Village Health Team	Village (1,000 people)	0	2 VHTs	Community based preventive and promotive health services
Health Centre III	Subcounty (20,000 people)	20 (8 maternity, 6 children, 4 Female, 2 Male)	19	In addition to above Preventive, promotive, outpatient, curative, maternity, inpatient, laboratory services
Health Centre IV	Constituency (100,000)	50 (16 Maternity, 12)	49	In addition to above, obstetric ultrasound, emergency / simple



Level	Target	N ^o of beds	Staffing	Health Care Services Provided
	people)	Children, 12 Female. 10 Male)		surgery (caesarean sections and lifesaving surgical operations), blood transfusion services and mortuary.
General Hospital	500,000 people	100 - 200 (25 ObGy, 25 Paediatrics, 25 Medical, 25 Surgery and others 50)	185	In addition to services offered at IIC IV services for general medical and surgical conditions, specialist services in Medicine, Surgery, Paediatrics, Community Medicine; and Obstetrics & Gynaecology. It also provides in-service training and basic research
Regional Referral Hospital (RRH)	Region (2 million people)	300 - 500	349	In addition to services offered at General Hospital, secondary care services in psychiatry, ENT, ophthalmology, dentistry, intensive care, radiology, pathology, surgical and medical services. It also provides in-service and pre-service training and internship
National Referral Hospital (NRH)	National (10 million people)	Minimum 600	1,500	It provides tertiary care in the various disciplines including, Medicine, Surgery, Paediatrics, Community Medicine; and Obstetrics & Gynaecology, psychiatry, ENT, ophthalmology, dentistry, intensive care, radiology, pathology, surgical and medical services. Diagnostic services e.g. MRI and CT Scan. Advanced clinical laboratory services in Microbiology, Haematology, etc. In addition, provides postgraduate and under graduate training, internship and advanced research



Level	Target	N° of beds	Staffing	Health Care Services Provided
Specialized Hospital	National		500 – 1,500	Provide Super specialised services e.g. Nephrology, Neurology, Endocrinology and Metabolic Diseases, Gastroenterology, Respiratory Medicine, Neonatal care, Intensive care, Nuclear medicines, Oncology services, Neurosurgery and Cardiothoracic surgery Advanced diagnostic and clinical laboratory services. In addition, provides postgraduate training and advanced research.

3. Status of Hospitals

Rt. Hon. Speaker,

Hon. Members,

Currently, there are 72 functional **public hospitals** under the health sector. The hospitals include; 5 Specialized Hospitals, 5 National Referral Hospitals all located in Kampala, 16 Regional Referral Hospitals and 46 functional General Hospitals.

i. Specialized Hospitals

The 5 specialized hospitals are; Mulago Specialized Hospital, Mulago Women and Neonatal Specialized Hospital, Uganda Cancer Institute, Uganda Heart Institute and Children's Surgical Hospital.





The rehabilitation and equipping of Lower Mulago Hospital is ongoing and the current progress of work is at 95%. The COVID-19 pandemic interrupted the construction works as the hospital had to be partially opened for the management of COVID-19 patients.

The 450 Bed Specialized Women & Neonatal Hospital at Mulago was launched by H.E. The President in October 2018 and is now functional, though has a challenge of inadequate funding and staffing due to lack of specialists and this affects the range and quality of services offered.

Uganda Cancer Institute and Uganda Heart Institute were both created by Acts of Parliament and are fully functional but with challenges of inadequate human resources and operational costs. Uganda Heart Institute is constrained by inadequate space and there is need to construct a new home. Uganda Cancer Institute (UCI) is a Regional Centre of Excellence for Cancer research and training for East Africa. Efforts are underway to construct regional centers. e.g., Gulu

Under the Public Private Partnership arrangements, the Children's Surgical Hospital has been constructed in Entebbe and was completed in April 2021. It

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provides free paediatric surgical services to the nation and the East African region. The Hospital is currently run by Emergency, an NGO in conjunction with Government and will be fully handed over after 10 years. Currently government provides a counterpart funding of 20% of the operational costs annually.

ii. National Referral Hospitals

There are 5 National Referral Hospitals namely; Mulago National Referral Hospital, Butabika Mental NRH, China-Uganda Friendship Hospital - Naguru, Kawempe NRH and Kiruddu NRH. The China-Uganda Friendship Hospital Naguru was designated as an Emergency and Trauma Centre and a Strategic Plan has been developed to transition it into a Trauma Centre.

iii. Regional Referral Hospitals

There are 16 Regional Referral Hospitals providing secondary care services. The catchment population for each RRHs is 2 to 2.5 million people (Table 2).

Aware that the population in different sub-regions increases yearly, this necessitates the upgrading of some general hospitals to Regional Referral Hospitals. The Ministry of Health will continuously evaluate the needs of regions and the population statistics and address this based on availability of funds.



Table 2: Catchment population, districts and plan for upgrading GHs to RRHs

No.	Hospital	Catchment Population	Districts served	Remarks
1	Arua RRH	2,185,390	Arua, Madi Okollo, Nebbi, Maracha, Pakwach, Terego and Zombo	Population within standard
2	Gulu RRH	1,846,720	Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, Omoro, Pader and Lamwo	Population within standard
3	Hoima RRH	2,855,757	Buliisa, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube, Kiryandongo and Masindi	Need to upgrade a GH to decongest
4	Jinja RRH	4,263,000	Bugiri, Bugweru, Buyende, Jinja, Iganga, Kaliro, Kamuli, Luuka, Mayuge, Namutumba and Namayingo	Need for a RRH to decongest immediately
5	Kabale RRH	1,489,100	Kabale, Kanungu, Kisoro, Rubanda, Rukiga and Rukungiri	Population within standard
6	Fort Portal RRH	3,347,271	Bundibugyo, Bunyangabu Kabarole, Kamwenge, Kasere, Kitagwenda, Kyegegwa, Kyenjojo and Ntoroko	Need to upgrade a GH to decongest
7	Kayunga RRH	2,450,900	Buikwe, Buvuma, Kayunga, Mukono, Nakasongola and Luvero	Newly upgraded RRH in FY 2021/22 to decongest Mulago and Jinja RRH
8	Lira RRH	2,444,900	Amolatar, Alebtong, Apac, Dokolo, Kole, Lira, Kwania, Oyam and Otuke	Population within standard
9	Masaka RRH	2,029,400	Bukomansimbi, Masaka	Population within



No.	Hospital	Catchment Population	Districts served	Remarks
			Kalangala, Kalungu, Kyotera, Lwengo, Lyantonde, Kakai and Sembabule	standard
10	Mbale RRH	4,381,600	Mbale, Budaka, Bududa, Bulambuli, Busia, Butaleja, Butebo, Kibuku, Manafwa, Namisindwa, Pallisa, Sironko, Tororo, Kapchorwa, Kween and Bukwo	Need for a RRH to decongest Mbale
11	Mbarara RRH	3,451,999	Buhweju, Bushenyi, Ibanda, Isingiro, Kazo, Kiruhura, Mbarara, Mitooma, Ntungamo, Rubirizi, Rwampara and Sheema	Need for a RRH to decongest Mbarara
12	Moroto RRH	1,168,600	Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Nakapiripirit and Napak	Population within standard but distance and terrain is a challenge.
13	Mubende RRH	1,684,000	Kassanda, Kihoga, Kyankwanzi, Mityana and Mubende	Population within standard
14	Soroti RRH	2,227,800	Amuria, Bukedea, Kaberamaido, Kalaki, Kapelebyong, Katakwi, Kumi, Ngora, Serere and Soroti	Population within standard.
15	Entebbe RRH	3,717,900	Butambala and Gomba, Mpigi, Nakaseke and Wakiso	Access challenges by population from the catchment districts
16	Yumbe RRH	1,903,372	Adjumani, Koboko, Moyo, Obongi and	Newly upgraded RRH to decongest

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No.	Hospital	Catchment Population	Districts served	Remarks
			Yumbe	Arua RRH

There is need for funding for expansion and renovation of Soroti and Jinja Regional Referral Hospitals which have very poor infrastructure.

A total of UGX 20.7 billion has been allocated to the 15 Referral Hospitals and Bombo Military Hospital (Arua, Entebbe, Fort Portal, Gulu, Hoima, Jinja, Kabale, Lira, Mbale, Masaka, Moroto, Mubende, Soroti, Mbarara, and Naguru) for procurement of CT Scans in FY 2021/22. As the procurement process is ongoing, the engineering department of Ministry of Health has been assessing the hospital infrastructure for installation of the CT Scans. *The assessment reports indicate that there is urgent need for UGX. 8bn for construction/remodelling of some of the infrastructure for installation of the CT Scans.*

Major challenges affecting service delivery at the RRHs are; inadequate human resource (specialists such as Senior Consultants, Consultants and Medical Officers Special Grade), inadequate staff accommodation, dilapidated structures. lack of structures for ICU equipment, old and obsolete medical equipment and high utility bills.



iv. General Hospitals

Rt. Hon. Speaker,

Hon. Members,

Currently, there are 46 functional public hospitals (Annex 1). *Government commenced the construction of Bukwo and Binvenge General Hospitals in 2008 but these have not been completed due to challenges of funding*

Under the Uganda Health Systems Strengthening Project (UHSSP), funded by a World Bank loan, 9 hospitals (Mityana, Nakaseke, Kiryandongo, Entebbe Grade B, Nebbi, Anaka, Iganga, Moyo and Moroto RRH) were renovated, equipped and handed over in June 2017.

Kawolo hospital has been renovated and expanded and is due for commissioning. Rehabilitation of Busolwe Hospital will commence this FY 2021/22.

Government has been putting in effort to improve the following hospitals through provisions of development funds; Adjumani, Apac, Atatur, Bududa, Bundibugyo, Entebbe Grade A, Gombe, Kabarole, Kagadi, Kalisizo, Kambuga, Katakwi, Kiboga, Kyenjojo, Lyantonde, Masindi, Pallisa and Tororo. However, this was inadequate as most of the infrastructure including staff houses is very old and dilapidated.



In the NDP III 2020 - 2025, the MoH plans to renovate and equip 17 General Hospitals (Abim, Apac, Atatur, Bugiri, Bundibugyo, Iganga, Itojo, Gombe, Kagadi, Kambuga, Kiboga, Kitagata, Kitgum, Kyenjojo, Lyantonde, Pallisa and Masindi). *The estimated cost for major renovation and re-equipping each hospital is UGX 30bn for each hospital translating to UGX. 410bn.* The is to be carried out in a phased manner based on availability of resources.

4. District Health Infrastructure Construction

Rt. Hon. Speaker,

Hon. Members,

Currently, there is a high demand to establish hospitals in every district. This contradicts the WHO guidance and Ministry of Health service standards which recommend a general hospital for every 500,000 populations. The national Hospital Census. 2016 showed that each general hospital was serving a population of 230,000 people which is just about half of the recommended number of 500,000 per hospital. The hospitals need to be fully functionalized to serve at the recommended capacity.

His Excellency, the President directed that each district should have a general hospital, each constituency a Health Center IV and each sub-county a Health



Center III. In line with the above directive, an analysis was carried out by MOH as shown in Table 3.

Table 3: Health Facility Infrastructure status and gaps

Level	Population	Number of HFs	Gov't (MoH)	PNFP	Private	No. of LGs without gov't facility	No. of HFs to be constructed /upgraded
Specialised Hospital	42 M	5	5	0	0	NA	NA
National Referral Hospital	10 M	5	5	0	0	NA	3
Regional Referral Hospital	2 M	16	16	0	0	5	5
General Hospital	500,000	159	46	69	44	74	74
HC IV	100,000	213	167	22	24	135	135
HC III	20,000	1,772	1,202	325	245	982	982
HC II	5,000	2,979	1,502	521	956	NA	NA
Total		5,149	2,943	937	1,269		

i. General Hospitals

A total of 74 districts do not have a public/Government hospital. However, 15 of these have a PNFP hospital (Agago, Amudat, Bushenyi, Ibanda, Kalungu, Kiruhura, Maracha, Mayuge, Mpigi, Napak, Ngora, Oyam, Rukungiri and Zombo) and are receiving the Primary Health Care Grant from government (Annex 2).



Due to the difficult geographical terrain in some regions, access challenges and growing population, Government will consider construction of hospitals in districts without in a phased manner.

Priority will be given to districts that deserve special attention because of their geographical location like the island Districts (Buvuma, Kalangala) and those with a high population >300,000 (Isingiro, Kakumiro, Kassanda, Kikuube, Oyam, Buyende, Mayuge, Mpigi, Serere, Rukungiri, Namatumba, Luuka, Sembabule, Wakiso, Bukwo and Buwenge)

The estimated cost for construction and equipping is UGX 70bn per hospital and total cost for 74 hospitals is UGX 5,180 trillion. The recurrent cost including wage, non-wage recurrent and medicines required per hospital per annum is UGX 3.8bn. Should government construct all the 74 general hospitals it will translate to UGX 235.3bn recurrent costs per annum.

Below is a table showing the detailed breakdown of the costs.

Table 4: Estimated cost for construction and operationalization of new General Hospitals

Item	Estimated unit cost per Hospital (UGX Bns)	Total costs for 74 General Hospitals (UGX Bns)
Development		
Infrastructure	60	4,440
Equipment	10	740
Sub Total-Dev't	70	5,180

Recurrent		
Wage	2 258	167.092
NWR	0.4	29.6
Medicines	0.522	38.638
Sub-Total	3.18	235.32
Recurrent		

ii. Health Center IVs (HC IVs)

Rt. Hon. Speaker

Hon. Members

The Ministry of Health is committed to having functional HC IVs in all the 353 constituencies. Currently, there are 167 public/government HC IVs in 161 constituencies. Six constituencies (Buliisa – Buliisa HC IV and Biso HC IV; Jinja North Division – Budondo and Bugembe HC IVs; Bubulo West – Bubulo and Bugobero HC IVs; Ntoroko – Karuguto and Rwebisengo HC IVs; Rukiga – Mparo and Kamwezi HC IVs; Rujumbura – Bugangari and Buhunga HC IVs) have two health centre IVs. Furthermore, 62 constituencies have hospitals, leaving 135 constituencies without HC IVs. (Annex 3)

Many of the existing Health Centre IVs have inadequate infrastructure and require upgrade to enable them function fully.

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The estimated cost for construction and equipping of a HC IV is UGX. 13bn. The total cost for 135 HC IVs is UGX 1.755 trillion. The current operational cost including wage, non-wage recurrent and medicines required per HC IV per annum is UGX 644 million. Should government construct all the 135 HC IVs, this translates to UGX 86.94 bn per annum. Of note, staff restructuring is ongoing and these costs may change accordingly.

Construction of the Health Centre IVs can be carried out in a phased manner based on population, geographical access and availability of resources.

Table 5: Estimated Cost for development and recurrent costs for the 135HC IVs

Phase	No. of HC IVs	Infrastructure & Equipment (UGX Bn)	Wage (UGX Bn)	NWR (UGX Bn)	Medicines (UGX Bn)	Total (UGX Bn)
Phase 1	46	13	0.482	0.042	0.120	655
Phase 2	34	13	0.482	0.042	0.120	464
Phase 3	55	13	0.482	0.042	0.120	750
Total	135					1,869

iii. Sub counties without HC IIIs



Rt. Hon. Speaker

Hon. Members,

Government policy is to have a Health Centre III in every sub county. Currently, there are 2,184 sub counties/town councils/divisions and of these, 1,202 have public HC IIIs and 325 have PNFPs HC IIIs while 982 sub counties/town councils/divisions do not have HC IIIs.

iv. Upgrade of the HC IIs to IIIs

A total of 331 HC IIs in sub-counties without HC IIIs were targeted for upgrade to HC IIIs in 2018. A total of 158 HC IIs were completed in FY 2018/19 and 2019/20 under the Uganda Inter-Governmental Fiscal Transfer Reform Program (UgIFT) and the remaining 173 are being upgraded in a phased manner under various programs; UgIFT, URMCHIP and Karamoja Infrastructure Development Project.



v. Construction and equipping 982 HC IIIs in sub-counties without any health facility.

Rt. Hon. Speaker

Hon. Members,

Currently, there are 982 sub counties and town councils without any health facility. Out of the 982 sub counties, only 12 have been allocated funds under the UgIFT program and 7 under the Karamoja Infrastructure Development Project Phase II. There is need to mobilize resources for the remaining 963 sub counties.

In May 2020, the Ministry of Health submitted a request to Ministry of Finance Planning and Economic Development for funding for the construction of 134 HC IIIs in sub counties without any health facility and we are still waiting for the response.

The estimated cost for construction and equipping of a HC III is UGX 2.75bn, hence the total cost for remaining 963 HC IIIs is UGX 2.648 Trillion.

The Ministry of Health will continuously update the health facility inventory to capture newly upgraded health facilities and develop a comprehensive plan for upgrading/constructing new facilities.



vi. Staff houses and budgetary estimate

Rt. Hon. Speaker,

Hon. Members,

Since 2015, more than 500 staff housing units have been put up at different hospitals and health centres. For the ongoing upgrades of HC IIs to HC IIIs and construction of HC IIIs, two (2) twin staff houses will be provided to ensure that the critical staff are accommodated and available at all times. There is need to provide accommodation for health workers in all health facilities in the country. This promotes attraction and retention especially in hard-to-reach areas and reduces absenteeism.

5. Medical Equipment

Rt. Hon. Speaker,

Hon. Members,

Most of the health facilities are functioning below expected standards due to lack of basic equipment and utilities. According to the findings of the 2018 National Service Availability and Readiness Assessment conducted in 166 health facilities across the country, 18% of health facilities lacked a power source, 27% did not



have improved water source, mean availability of functional medical equipment was 37%.

Up to 47% of hospitals do not have functional X-ray machines and even those that have, >70% are obsolete. With support from the Global Fund, MoH procured and distributed digital X-ray machines to Kaabong, Bududa, Kamuli, Katakwi Hospitals and Rwekubo HC IV in Isingiro District. There is urgent need to procure X-ray machines for all the old and new hospitals without. One digital X-ray machine costs UGX. 600 million.

The Ministry of Health plans to establish a mechanism for National, Regional and General hospitals to acquire automated equipment on placement basis where government will only pay for reagents while the vendors carry out maintenance and replacement of damaged and obsolete equipment. This will eliminate the current system where equipment is extremely expensive, break down, incur huge maintenance costs and cause too many interruptions in service delivery.

Regional Equipment Maintenance Workshops

There are currently 12 regional equipment maintenance workshops. These workshops are meant to serve the health facilities within the catchment areas of the Regional Referral Hospitals. While the regional workshops have been equipped to



do this work, lack of biomedical engineers, transport to move from workshop to the health facilities and inadequate funding still pose a challenge. Progress has been made in training biomedical engineers by the universities. However, the numbers are still inadequate and there is need to incorporate them into the approved staffing structures.

6. Emergency Medical Services

Rt. Hon. Speaker,

Hon. Members,

The establishment of a functional ambulance system is one of the top priorities of the MoH. Prior to the COVID-19 pandemic, there were 178 ambulances across the country against an overall national need of 460 ambulances. As part of the response, through the COVID-19 Preparedness and Response Plan, 120 additional ambulances were acquired through procurements by Government of Uganda, Loans from the World Bank, development partners and donations (Japan, India, China and Business associations). These have been deployed according to our policy of regional ambulance systems. Under the regional ambulance system, 20-30 ambulances are managed under one Call and Dispatch Center to ease coordination, maintenance, control, and accessibility. This will change management of ambulances from health facility based to a regionalized system



coordinated at 14 regional call and dispatch centres. These will be responsible for the fuelling and maintenance of the ambulances. The first National Ambulance Station with a Call Centre is near completion at Naguru National Emergency and Trauma Centre, and the Ministry is working with the Uganda Police and Uganda Communications Commission to functionalize the 911 medical emergency universal access number. The Ministry has also established a highway road traffic accident response system with Uganda Red Cross Society.

In respect to capacity building, 860 lay first responders have been trained in Kampala and Masaka to respond to emergencies. 460 professional health workers have been trained in Basic Emergency Care, among these 233 were in addition trained in providing care to Covid-19 patients while in transit.

To strengthen the Emergency Medical Service system, Ministry of Health provided scholarships for training of Emergency Physicians and Emergency Medical technicians at Mbarara University, Makerere University and Lubaga Health Training Institute. Five Emergency Physicians have qualified and ready for recruitment and deployment. Ministry of Health is working with Ministry of Public Service to include this cadre in the approved public service structures.

The MoH plan is to have each regional ambulance coordination centre responsible for 20 to 30 Type B (Basic Life support) emergency care ambulances aiming at



one Type B ambulance per 100,000 population (constituency) and one Type C (Intensive Care) ambulance per 2,000,000 population. 15 boat ambulances have been planned for the islands and 5 Aeromedical Type C ambulances in the long term.

Table 6: Ambulance Requirement and Gap by Region

No.	/Region	No. of LGs	Estimated population (UBOS 2020)	Ambulances required	Required by type		Available standard ambulance	Gap
					Type B	Type C	New	
1.	CUHF Naguru (Kampala Metropolitan)	7	4,600,000	44	36	8	15	29
2.	Masaka (Buganda South)	10	2,029,400	25	20	5	10	15
3.	Mbarara (Ankole)	14	3,451,999	40	38	2	5	35
4.	Mubende (Buganda North)	5	1,684,000	20	19	1	7	13
5.	Kabale (Kigezi)	6	1,489,100	20	19	1	4	16
6.	Fort Portal (Tooro)	10	3,347,271	34	33	1	3	31
7.	Arua (West Nile)	14	2,185,390	36	35	1	9	27

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8.	Gulu (Acholi)	9	1.846.720	27	26	1	10	17
9.	Lira (Lango)	11	2.444.900	28	26	2	9	19
10.	Moroto (Karamoja)	10	1.168.600	20	19	1	7	13
11.	Soroti (Teso)	12	2.227.800	30	29	1	9	21
12.	Mbale (Bugisu, Bukedi and Sebei)	17	4.381.600	44	42	2	12	32
13.	Jinja (Busoga)	12	4.263.000	42	40	2	10	32
14.	Hoima (Bunyoro)	7	2.855.757	30	29	1	7	23
15.	Entebbe (Wakiso)	2	3.717.900	20	19	1	4	16
	Total	146	41,693,437	460	430	30	120	340

** In 2019, an ambulance census was conducted and it established that there were 178 government ambulances and another 172 private ambulances (PNFPs, NGOs & MPs) that do not meet the norms and standards of an ambulance. The 178 government ambulances will be phased off and replaced by the new Type B ambulances (that meet the set standards of an ambulance). Based on this and as seen in table above, the MOH can report that the country has a gap of 340 ambulances*



**There are new hospitals that were upgraded to RRHs after the strategy was developed (Kayunga & Yumbe) Mapping out of the catchment areas and preparations to set up call centres is ongoing and the ambulance requirements will be communicated.*

The gap of 340 ambulances includes 315 Type B Road ambulances, 20 Type C Road & Marine ambulances and 5 type C aeromedical ambulances). Other areas that need to be addressed include; inadequate operational funds for ambulance response, inadequate skilled human resources for emergency and critical care and establishment of the 14 Regional Call and Dispatch Centers. Each type B Ambulance costs 280 million therefore, a total of **UGX 88.2 billion** will be required to procure them and additional **UGX 11.4 billion** will be required to procure the 20 type C road ambulances. The 5 type C aeromedical ambulances costs are being worked out. We further submitted a cost of **UGX 3.4 billion** to Ministry of Finance for setting up one National and 2 regional call and dispatch centres as a start

Table 7 below gives a summary of the estimated ambulance needs in the country by service area and region.

Table 7: Estimated ambulance needs by service delivery area

SN	Area	No. of Ambulance
1.	County / Constituency	355



2.	National Specialized Health Institutions	20
3.	Regional Referral Hospitals	28
4.	Water Ambulances (Lake Kyoga, Victoria, Albertine, Bunyonyi and River Nile)	15
5.	UPDF/ Uganda Police	20
6.	MoH / Disaster response/ Highway	17
7.	Air Ambulance (Albert, Central, West, North and East)	5
	Total	460

I therefore request you to note that more resources are required to have a fully functional National Ambulance Service that meets the needs of the population.



7. Human Resources for Health

Rt. Hon. Speaker,

Hon. Members,

The staffing norms in the public sector established in 1995 and revised in 2006 are not adequate to effectively respond to the service needs which have changed due to rapid population growth and changing disease burden. Overall, the staffing level in public health facilities is at 65%

Table 8: Current Health Staffing Gap in Public Sector, 2020

Sector	Total Facilities	Estimated Norm	Filled positions	Gap in Positions	Vacancy rate
Public	3,133	77,087	50,135	26,952	35%

Source *Uganda Health Labor Market Analysis, 2019 and Staff Lists 2020*

The Ministry of Finance, Planning and Economic Development provided an additional UGX 40bn for Primary Health Care Wage Grant to the Local Governments in this FY 2021/22, which will enable recruitment of up to 2,500 health workers. This has been allocated as follows; UGX 27.2bn for recruitment of Health Workers in the least staffed health facilities to uplift staffing to an average of 75% of the staffing norms; UGX 10.6bn for recruitment of Health Workers in



the newly upgraded HC IIIs. Each upgraded HC III is expected to recruit a minimum of 10 additional Health Workers. Furthermore, UGX 2.3bn has been allocated for recruitment of Health Workers in 15 refugee serving health facilities that have been transitioned into GOU facilities. These health facilities are expected to recruit up to 100% of the staffing norms.

In FY 2018/19 Government increased salaries for medical personnel and this has attracted and motivated some health workers though there are still challenges in attracting specialists. Table 8 shows the salary enhancement for health workers effected in FY 2018/19. This is still far below the proposed enhancement to attract and retain health workers in Uganda.

Table 9: Trend of Salary Increment for Health Workers from FY 2017/18 to 2020/21

Title	Scale	Financial Year		
		2017/18	2018/19	2019/20 to date
Director General of Health Services	UIS	4,697,024	6,000,000	9,032,791
Director National Referral Hospital	UIS	4,050,553	5,500,000	8,026,776
Director Specialized Health Institute	UIS	3,761,228	5,500,000	8,026,776
Director Regional Referral Hospital	UIS	3,616,565	4,800,000	7,400,602
Director	UISE	3,616,565	3,750,000	7,600,000
Deputy Director-NRH and Specialized Health Institute	UISE	3,616,565	4,600,000	7,377,602
Assistant Director	UISE	3,616,565	4,500,000	5,000,000
Senior Consultant	UISE	3,447,065	4,500,000	7,307,602
Consultant	UISE	2,628,075	4,200,000	6,035,667



Title	Scale	Financial Year		
		2017/18	2018/19	2019/20 to date
Commissioner	UIE	2,370,401	3,050,000	7,307,602
Assistant Commissioner	UIE Med-1	2,328,850	2,700,000	4,600,062
District Health Officer	UIE Med-1	2,328,850	2,700,000	4,600,062
Assistant Commissioner Nursing	UIE Med-2		4,000,000	4,000,000
Principal Medical Officer/ Principal Dental Surgeon/ Principal Pharmacist and Medical Officer Special Grade	U2-Med-1	2,058,276	3,750,000	4,500,962
Assistant District Health Officer	U2 Med-2		2,400,000	3,500,000
Other Medical Personnel in U2	U2 Med-2	2,058,276	3,500,000	3,500,000
Senior Medical Officer/ Dental Surgeon/ Pharmacist	U3 Med-1	1,390,380	3,300,000	3,300,000
Other Medical Personnel in U3	U3 Med-2	1,390,380	3,100,000	3,100,000
Medical Officers/ Pharmacist / Dental Surgeon	U4 Med-1	1,177,688	3,000,000	3,000,000
Other Medical Personnel in U4	U4Med-2	1,177,688	2,200,000	2,200,000
Medical Personnel in U5	U5 Med	792,885	1,200,000	1,200,000
Medical Personnel in U6	U6 Med	499,537	850,000	850,000
Medical Personnel in U7	U7 Med	432,782	613,158	613,158
Nursing Theatre. Lab, Dental Assistant	U8 Med	237,069	313,832	313,832

Whereas there are improvements in staffing level, there are still shortages in critical cadres such as Doctors (51%); Anaesthetic Officers (30%); Dispensers (44%); Pharmacists (50%); and theatre staff (32%). The cadre in the public sector with the largest numbers of unfilled vacancies of all health workers are medical specialists, in particular internal medicine, community medicine, anaesthesia and



orthopaedics. The proportion of unfilled vacancies for specialized and super specialized cadres in public sector is 70%. The health workforce requirement for the public sector has been projected based on the current staffing norms as in **Annex 10.**

Table 10: Required Specialists for the Health Sector

Cadre/Speciality	Number in post	Estimated 5-Year Gap	Base Year Gap 2016/17	2020/21	2021/22	2022/23	2023/24	2024/25
Cardiologists	4	209	35	39	41	42	43	44
Colon and Rectal Surgeons	1	239	40	45	46	48	49	51
Dermatologists	2	568	95	107	110	113	117	120
Gastroenterologists	3	538	90	101	104	107	111	114
Geriatric Medicine Specialists	0	418	70	79	81	84	86	89
Haematologists	6	299	50	56	58	60	61	63
Infectious Disease Specialists	2	1,123	188	212	218	224	231	238
Medical Geneticists	1	837	140	158	162	167	172	177
Nephrologists	4	598	100	113	116	119	123	127
Neurologists	2	717	120	135	139	143	148	152
Oncologists	5	418	70	79	81	84	86	89
Otolaryngologists	7	490	82	92	95	98	101	104
Physiatrists	0	478	80	90	93	96	98	101
Plastic Surgeons	4	418	70	79	81	84	86	89
Podiatrists	0	478	80	90	93	96	98	101
Pulmonologist	4	2,151	360	405	417	430	443	456
Anaesthesiologists	11	418	70	79	81	84	86	89
Critical Care Medicine Specialists	2	323	54	61	63	64	66	68
Emergency Medicine Specialists	3	454	76	86	88	91	93	96
Endocrinologists	4	299	50	56	58	60	61	63
Family Planning specialists	5	7,171	1,200	1,351	1,391	1,433	1,476	1,520
General Surgeons	54	837	140	158	162	167	172	177
Hospice and Palliative Medicine	2	1,315	220	248	255	263	271	279

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Cadre/Speciality	Number in post	Estimated 5-Year Gap	Base Year Gap 2016/17	2020/21	2021/22	2022/23	2023/24	2024/25
Specialists								
Obstetricians and Gynaecologists	61	2,151	360	405	417	430	443	456
Occupational health and Safety specialists	17	2,510	420	473	487	502	517	532
Pathologists	4	1,135	190	214	220	227	234	241
Paediatricians	60	3,585	600	675	696	716	738	760
Allergists / Immunologists	0	717	120	135	139	143	148	152
Preventive Medicine Specialists	5	1,554	260	293	301	310	320	329
Psychiatrists	10	1,864	312	351	362	373	384	395
Radiologists	17	2,868	480	540	556	573	590	608
Rheumatologists	1	1,578	264	297	306	315	325	334
Urologists	6	1,434	240	270	278	287	295	304
Total	307	40,192	6,726	7,572	7,795	8,033	8,272	8,518

Training

The Ministry of Health has a costed 10-year Health Sector Training Plan for 2020/21 – 2029/30 which is not adequately funded. Over the last 4 years, the Ministry of Health has awarded several scholarships;

- A total of 721 scholarships have been awarded to health workers under the URMCHIP project as follows; 39 for Bachelor of Anaesthesia, 29 for Bachelor in Biomedical Engineering, 101 for Diploma in Anaesthesia and 173 for Certificate in Theatre Techniques, among others.
- 183 students were sponsored to pursue different courses in cancer related disciplines including 14 specialist oncology fellowships and 10 PhDs.

Amogh Reddy