

PARLIAMENT OF UGANDA

20 APR 2022

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REPORT OF THE PARLIAMENTARY COMMITTEE ON HEALTH ON THE HEALTH SECTOR MINISTERIAL POLICY STATEMENT AND BUDGET ESTIMATES FOR FY 2022/23

APRIL, 2022

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OFFICE OF THE CLERK TO PARLIAMENT
PARLIAMENT BUILDING
KAMPALA-UGANDA

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1. INTRODUCTION

Rt. Hon. Speaker and Honourable Members,

On 10th March, 2022, the Ministerial Policy Statement (MPS) and Budget Estimates (MPS) for the Health Component of the Human Capital Development Program for FY 2022/23 was laid before the House and referred to the Parliamentary Committee on Health for consideration in accordance with Section 13 (13) and Rule 146.

Consequently, the Committee considered and reviewed the policy statement in accordance with Rules; 149 and 189 of the Rules of Procedure and now reports.

1.1 Scope of the Health Sector

The Health Sub programme is among the components of the Human Capital Development Programme Cluster whose purview extends to all health related matters in the country.

The Health Sub programme Ministerial Policy Statement and Budget Estimates covers the 29 Votes/Ministries, Departments and Agencies under listed:-

Vote 014 Ministry of Health, Vote 114 Uganda Cancer Institute (UCI), Vote 115 Uganda Heart Institute (UHI), Vote 116 National Medical Stores (NMS), Vote 127, Uganda Virus Research Institute Vote 134 Health Service Commission (HSC), Vote 151 Uganda Blood Transfusion Services, Vote 401 Mulago National Referral Hospital, Vote 402 Butabika National Referral Hospital, Vote 403 Arua Regional Referral Hospital, Vote 404 Fort Portal Regional Referral Hospital, Vote 405 Gulu Regional Referral Hospital, Vote 406 Hoima Regional Referral Hospital, Vote 407 Jinja Regional Referral Hospital, Vote 408 Kabale Regional Referral Hospital, Vote 409 Masaka Regional Referral Hospital, Vote 410 Mbale Regional Referral Hospital, Vote 411 Soroti Regional Referral Hospital, Vote 412 Lira Regional Referral Hospital, Vote 413 Mbarara Regional Referral Hospital, Vote 414 Mubende Regional Referral Hospital, Vote 415 Moroto Regional Referral Hospital, Vote 416 Naguru National Referral Hospital, Vote 417 Kiruddu National Referral Hospital, Vote 418 Kawempe National Referral Hospital, Vote 419 Entebbe Regional Referral Hospital, Vote 420 Mulago

Specialized Women and Neonatal Hospital, 421 Kayunga Referral Hospital, 422 Yumbe Referral Hospital, and Vote 600-900 Local Governments.

1.2 Methodology

Meetings

The Committee held meetings with the entities listed above, apart from local governments.

Document Review

The Committee reviewed and made reference to the following documents:

- Health Sub-programme Ministerial Policy Statement and Budget Estimates for FY 2022/23;
- National Development Plan III;
- The Programme Implementation Action Plan for the Human Capital Development Programme (HCDP)
- The report of the Budget Committee on the NBFP FY 2022/23 – 2026/27 and Annual Estimates FY 2022/23;
- The NBFP FY 2022/23 – 2026/27;
- The Health Committee Report on the Ministerial Budget Policy Statement FY 2021/22;
- The 2nd Budget Call Circular for preparation of BFP and Budget Strategy for FY 2022/23 and the medium term;
- The PFMA, 2015 (Amended);
- The Health Sector Annual Budget Performance Report FY 2020/21;
- The Half Year Macroeconomic & Fiscal Performance Report FY 2021/22; and
- Semi-Annual Budget Performance Report FY 2021/22.

Field visits

The Committee undertook field visits to Lango, Teso, Greater Mubende, Rwenzori and Bunyoro to assess the state of health services. Findings from those visits informed scrutiny of the Ministerial Policy Statement.

1.3 Health Sub Programme Objectives

The following objectives have been outlined under Vote 014 Ministry of Health:

- Ensure effective health sector governance, management and coordination for Universal Health Coverage.
- Improve equitable access to nationally coordinated services for communicable and non-communicable disease/conditions prevention and control.
- To strengthen disease surveillance, disaster response and epidemic control and response at national and sub- national levels.
- To ensure availability of quality and safe medicines, vaccines and technologies.
- To improve functionality and adequacy of health infrastructure, medical equipment and logistics.
- Accelerate health research, innovation and technology development.

1.4 Linkage with National Development Plan III

The FY 2022/23 is the third year in the implementation of the third National Development Plan (NDPIII). The goal of this Plan is to increase household incomes and improving the quality of life of Ugandans. As you are aware, NDPIII is premised on a programmatic approach to planning and budgeting aimed at fast tracking the realization of results as opposed to previous NDPs (I and II).

Consequently, the Health Sector falls under the Human Capital Development Programme together with Education, Gender Labour and Social Development as well as Water and Sanitation.

The Human Capital Development Program (HCDP) primarily contributes mainly to the NDPIII objective four which is to: *enhance the productivity and social wellbeing of the population*. It also contributes to other objectives including (1), which is to: *Enhance value addition in Key Growth Opportunities* and (2) which is to: *Strengthen private sector capacity to drive growth and create jobs* among others.

Objective 4 of the NDP III emphasizes the role of the four thematic areas of health, education and Sports, Water and Gender towards increasing productivity, inclusiveness and wellbeing of population for wealth creation. The programme goal is to increase productivity of the population through strategic investment in the people to enable them work productively and competitively to achieve a rising quality of life for all, in line with the Vision 2040.

1.5 Linkage with the Sustainable Development Goals, (Goal 3.0)

2.2 Financial Performance of Externally Funded Projects FY 2021-22

Table 2: Performance of Externally Funded Projects (UGX, billions)

Project	Approved	Release	Spent	% Budget Released	% Release Spent
Rehabilitation & Construction of General Hospitals	9.88	-	-	0%	0%
Kayunga & Yumbe Project	9.1	4.94	4.94	54.3%	100%
Karamoja Infrastructure Development Project Phase II	5.19	-	-	0%	0%
URMCHIP	733.44	445.25	55.15	60.7%	12.4%
Global Fund	462.8	231.4	24.1	50%	10.4%
GAVI	88.78	42.72	15.59	48.1%	36.5%
Total MoH	1,309.19	724.31	99.78	55%	14%
Uganda Cancer Institute Project	0	15.07	15.07	1507.3%	100%
UCI ADB Project	24.67	-	-	0%	0%
Establishment of an Oncology Centre in Northern Uganda	9.00	-	-	0%	0%
Total UCI	33.67	15.07	15.07	45%	100%
Grand Total	1,342.86	739.38	114.85	55%	16%

Source: Semi-Annual Budget Performance Report FY 2021/22.

According to the table above, by the end of December 2021, 55 percent of the approved donor funded budget for FY 2021/22 was released. However, only 16% of the funds released was spent. The worst performers were Italian Support to Karamoja at 0 percent, Uganda Cancer Institute ADB Project at 0 percent, Establishment of an Oncology Centre in Northern Uganda at 0 percent, Rehabilitation & Construction of General Hospitals at 0 percent. As a result planned activities could not be undertaken.

Non release of Uganda Cancer Institute (UCI) ADB Project funds was majorly attributed to failure of the contractor M/S ROKO under the guise of covid-19 restrictions.

The low absorption is attributed to lower than expected performance under Gavi at 39 percent, Global Fund at 12 percent and URMCHIP at 10 percent respectively. The poor performance of External Projects was due to failure to undertake Infrastructure works owing to the directive of President for the projects to be done by UPDF Engineering brigade.

(Signatures)

No disbursement was made under the Italian Support to Karamoja Infrastructure Development Project Phase II. This is attributed to funding challenges from the donor.

2.3 Physical Achievements FY 2021-22

As reported under the financial performance, the performance of the sector budget was lower than the expected half year pro-rata budget; this poor performance is also reflected in the physical performance outturn. Among the physical outturn performance the following have been reported:

- a) The MOH procured and distributed 5,000 patient beds, mattresses, blankets and pairs of bed sheets to functionalize and equip 250 upgraded HCIIIs. See attached *Annex 4*
- b) The Ministry procured 5,000 oxygen cylinders to be distributed to hospitals across the country and 2 liquid oxygen tanks (60,000ltrs-Kajjansi NMS& 16,000ltrs at Mulago).
- c) The following constructions are ongoing; the border post health units (Vurra and Cyanika) and Soroti Blood Bank. Eighty-one (81) maternity units under the Uganda Reproductive, Maternal and Child Health Improvement Project (URMCHIP) are on average at 50% level of completion.
- d) The following strategic plans were finalized and passed by Top Management: -Ministry of Health Strategic Plan, National TB & Leprosy strategic Plan, Comprehensive Health Sector Communication Strategy, Adolescent Health Policy, National Pharmaceutical Services, National Hand washing communication strategy and Essential Medicines Supply(EMS) Strategy
- e) Procured and distributed 282 pickups to all districts, cities, municipalities and hospitals
- f) Five Digital X-rays procured and distributed to 5 hospitals (Mityana, Kagadi, Rakai, Apac, Kyenjojo)
- g) Procured and distributed Eight Medical Waste Transportation Trucks
- h) Procured 2 TB Mobile Clinics
- i) Procured and distributed 50 Motor cycles to districts
- j) In addition, the following bills/policies have been approved by Cabinet: -Organ Transplant bill, Public Health Act Amendment Bill and Essential Medicines Supply (EMS) policy
- k) Operationalized Covid-19 testing units in all 16 RRHs and at Entebbe International Airport

2.4 Health Sub-programme budget implementation challenges

- i) Disruption of essential health services due to Covid 19 pandemic leading to low utilisation , stagnation and reversal in coverage of some indicators
- ii) Lack/non functional medical equipments
- iii) poor emergency medical and critical care services

- iv) non functional referral system leading to congestion of the referral hospitals with PHC outputs
- v) Incomplete/slow implementation of projects due to slow procurement processes, delays in payment of contractors and disbursing funds leading to low absorption /slow burn out rate , impacting overall implementation performance rating
- vi) Up to 50% of the HCIVs do not provide blood transfusion services to increase CeMNOC coverage
- vii) Inadequate funding of Ushs 13bn to pay salaries of Covid-19 contract staff and hardship allowances for health workers
- viii) Low uptake for some critical interventions e.g., Covid-19 Vaccination, Hepatitis B testing and vaccination due to misconceptions, misinformation, cultural differences, myths, and stigma.
- ix) Inadequate Human Resources for Health at all levels but especially at referral hospitals due to failure to attract specialists and recruitment delays leading to return of wage allocations.
- x) Inadequate funding and supply of EMHS including blood, and laboratory supplies for cancer screening, full blood count and liver enzymes and hemoglobin estimation.
- xi) Financing for health is largely external and off budget with high out pocket expenditure for health

3. HEALTH SECTOR PROPOSED BUDGET OUTLOOK FY 2022/23

3.1 Key Priorities FY 2022/23

The Committee noted that the Sector will prioritise the following interventions during the FY 2022/22:

- i) Country-wide vaccination against Covid-19 targeting 22 Million people.
- ii) Maintaining resources in the budget to fund Communicable and Non-Communicable Diseases.
- iii) Fast-tracking the National Health Insurance Scheme Bill.
- iv) Establishment of the Emergency Medical Services System.
- v) Scale up Community disease surveillance mechanisms through strengthening the Village Health Teams (VHTs).
- vi) Functionalization of existing public health facilities (National Referral Hospital, Regional Referral Hospital, General Hospitals, Health Centre IVs, and Health Centre IIIs) based on agreed service delivery standards.
- vii) Invest in efforts for eradication of Malaria (Indoor Residual Spraying, larviciding, Chemoprevention, Surveillance and Treatment of Malaria cases).

3.2 Overall Health Sector Budget FY 2022/23

Table 3: Overall Health Sector Budget Proposals FY 2022/23 (UGX, BN)

Category	2021/22	2022/23	Change	% change
Wage	685.71	1028.14	342.43	49.9%
Non-wage	974.71	927.03	-47.68	-4.9%
Dom. Dev't	175.12	120.22	-54.90	-31.4%
Ext Dev't	1,342.86	1353.82	10.96	0.8%
Total	3,178.39	3,429.21	250.82	7.9%

Source: Draft Annual Budget Estimates/ Ministerial Policy Statement FY 2022-23

NB: Excludes KCCA Health Grants

The total budget proposal for the health sector in FY 2022/23 is UGX 3,429.21bn (excl. KCCA). This is an increase of UGX 250.8bn from UGX 3,178.39bn approved in FY 2021/22.

Other than wage, which is projected to grow by UGX 342.4bn (49.9 percent) as a result of staff salary enhancement, all other budget categories are projected to reduce. The highest reduction is projected under the development budget category at UGX 54.9bn (31.4 percent).

3.3 Vote Specific budgetary projections FY 2021-22

Table 4: Vote Specific Allocation (UGX, BN)

#	Vote/MDA/Institution	2021-22	2022-23	Change		Share
				nominal	%	
1	014 Ministry of Health	1,512.25	1557.75	45.50	3.0%	45.4%
2	107 UAC	11.09	9.76	-1.33	-12.0%	0.3%
3	114 UCI	74.82	63.89	-10.89	-14.6%	1.9%
4	115 UHI	28.98	24.07	-4.91	-16.9%	0.7%
5	116 NMS	600.31	513.09	-87.22	-14.5%	15.0%
6	134 HSC	8.12	7.96	-0.16	-2.0%	0.2%
7	151 UBTS	18.08	23.68	5.60	31.0%	0.7%
8	401 Mulago Hosp. Complex	69.31	74.64	5.33	7.7%	2.2%
9	402 Butabika	17.37	18.49	1.12	6.4%	0.5%
10	416 Naguru NRH	9.17	11.26	2.09	22.8%	0.3%
11	417 Kiruddu NRH	19.86	23.71	3.85	19.4%	0.7%

#	Vote/MDA/Institution	2021-22	2022-23	Change		Share
				nominal	%	
12	418 Kawempe NRH	12.03	14.40	2.37	19.7%	0.4%
13	420 Mulago SW & NH	24.69	25.36	0.67	2.7%	0.7%
14	403 – 419 RRHs	160.44	207.76	47.32	29.5%	6.1%
15	304 UVRI	15.81	10.13	-5.68	-35.9%	0.3%
16	500 LG Health	596.06	843.22	247.16	41.5%	24.6%
	Total	3,178.39	3,429.21	250.82	7.9%	100%

Source: Annual Budget estimates & MPS FY 2022/23

Other than NMS, UCI, UHI and UVRI, whose budgetary proposals are projected to decrease, all other Votes are projected to record budget increases in FY 2022-23. Vote 116 NMS is projected to record the highest reduction of UGX 87.22bn (14.5 percent) followed by UCI of UGX 10.98bn (14.5 percent), UVRI of UGX 5.68bn (35.9 percent). The increase in budget allocation arises from the projected growth in the wage budget category for the respective votes as shown in Table 5.

3.4 Vote Specific Wage Proposals FY 2022-23

Table 5: Vote Specific Wage Allocation (UGX, billion)

#	Vote/MDA/Institution	2021-22	2022-23	Change	
				nominal	%
1	014 Ministry of Health	14.75	31.33	16.58	112.4%
2	107 UAC	1.32	2.26	0.94	71.1%
3	114 UCI	7.20	9.29	2.09	29.0%
4	115 UHI	4.66	6.27	1.61	34.5%
5	116 NMS	15.27	17.40	2.13	13.9%
6	134 HSC	2.40	2.43	0.03	1.2%
7	151 UBTS	3.92	6.09	2.17	55.4%
8	401 Mulago Hospital Complex	29.58	42.12	12.54	42.4%
9	402 Butabika	5.76	8.72	2.96	51.3%
10	416 Naguru NRH	6.80	9.71	2.91	42.8%
11	417 Kiruddu NRH	5.85	9.53	3.68	62.9%
12	418 Kawempe NFH	6.09	9.18	3.09	50.7%
13	420 Mulago SW & NH	7.46	10.10	2.64	35.4%
14	403 – 419 RRHs	72.94	113.13	40.23	55.9%
15	127 UVRI	1.57	2.22	0.65	41.9%
16	500 LG Health	500.14	748.34	248.20	49.6%
	Total	685.71	1,028.12	342.41	49.9%

Source: Annual Budget estimates & MPS FY 2022/23

Wages for all Votes under the Health sub programme are projected to increase on average by 49.9% from UGX 685.7bn in FY 2021/22 to UGX 1,028.1bn in FY 2022/23.

However, clarification is required as to whether the observed increase is attributed to only salary enhancement of the existing staff or it is will as well cater for recruitment of additional human resources for health.

3.5 Changes between NBFP and MPS FY 2022-23

Table 6: Comparison of MPS with NBFP proposals (in UGX, Bn)

Vote No.	Vote/MDA	MPS Proposals	NBFP Proposals	Variance	Reasons for the variation
014	Health	1,557.73	331.74	1,225.97	The Ministry got additional wage of UGX 16.58bn of which 5.14bn is for wage enhancement and 11.44bn for wage shortfalls. Additional external financing of UGX 1,191.39bn was confirmed for the Vote.
107	Uganda Aids Commission (Statutory)	11.09	10.68	0.41	The change is a result of additional wage allocation.
114	Uganda Cancer Institute	63.88	66.11	-2.23	External financing reduction as the ADB project winds up.
115	Uganda Heart Institute	22.99	28.87	5.88	Reduction in the NWR allocation.
116	National Medical Stores	513.09	597.12	-84.03	The one-off allocation for vaccines was removed.
134	Health Service Commission	7.96	8.04	-0.08	Reduction in capital development allocation.
151	Uganda Blood Transfusion Service (UBTS)	23.66	18.08	5.58	Additional allocation to cater for blood mobilization operations under NWR.
401	Mulago Hospital Complex	74.64	69.28	5.36	Additional wage allocation
402	Butabika Hospital	18.49	17.37	1.12	Additional NWR for operations.
127	Uganda Virus Research Institute	10.13	15.42	5.29	Reduction in Dev't budget as works wind up.

Vote No.	Vote/MDA	MPS Proposals	NBFP Proposals	Variance	Reasons for the variation
403-422	Regional Referral Hospitals	280.20	225.88	24.32	Increase in wage and NWR incl. External – G2G.
600-122	LG Health	990.72	729.76	260.96	Increase in PHC grants under wage and Dev't.
	KCCA Health	13.79	13.79	0	
	TOTAL	3,588.37	2,132.14	1,456.23	

Source: Minister of Health submission to the Committee of Health

NB: Excl. Arrears.

3.6 Health Sector Priorities FY 2022-23 & Linkage with NDP III

Table 7: Health Sector Priorities & Linkage with NDPIII

Sub Programme Priorities FY2022/23	NDP III Programme Intervention aligned to	Resources Earmarked (UGX, billions)
Enhancement of salaries for health workers	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.	280.00
Country-wide vaccination against Covid-19 targeting 22 million people.	Increase access to immunization against childhood diseases.	73.11
Maintaining resources in the budget to fund Communicable and No communicable Diseases.	Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma.	1,104.06
Fast-tracking the National Health Insurance Scheme Bill.	Increase financial risk protection for health with emphasis on implementing the national health insurance scheme.	0.33

Sub Programme Priorities FY2022/23	NDP III Programme Intervention aligned to	Resources Earmarked (UGX, billions)
Establishment of the National Ambulance system .	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.	
Scale up Community disease surveillance mechanisms through strengthening the Village Health Teams (VHTs) .	Promote physical health activities and behavior change across all categories of the population.	0.50
Functionalization of existing public health facilities (National Referral Hospital, Regional Referral Hospital, General Hospitals, Health Centre IVs, Health Centre IIIs) based on agreed service delivery standards.	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.	
Invest in efforts for eradication of Malaria (Indoor Residual Spraying, Larviciding, Chemoprevention, Surveillance and Treatment of Malaria cases).	Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach.	199.31
Establishment of Emergency Medical Services system	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.	11.08

Source: MPS FY 2022/23 & NDPIII

3.7 Off-Budget Support

Table 8: Off-budget support for FY 2022/23

MDA	UGX (BN)
014 Ministry of Health	0.700
127: Uganda Virus Research Institute (UVRI)	11.47
403 Arua Regional Referral Hospital	0.850
404 Fort Portal Referral Hospital	1.420
405 Gulu Regional Referral Hospital	1.000
406 Hoima Regional Referral Hospital	2.080
407: Jinja Regional Referral Hospital	1.000
412 Lira Regional Referral Hospital	0.200
413: Mbarara Regional Referral Hospital	0.963
414: Mubende Regional Referral Hospital	0.883
415: Moroto Regional Referral Hospital	1.000
Total	21.566

Source: Health Sub-programme MPS FY 2022-23

The Committee noted that a total of UGX 21.57bn has been provided as off-budget support to various MDAs under the Health sub-programme (Table 8). Whereas a number of Health sub-programme Ministries, Departments and Agencies (MDAs) benefit from various off-budget grants to implement Government programmes, these resources remain obscured posing a risk of duplication of efforts amidst a constrained budget.

The Committee was informed that whereas all MDAs are required to indicate all off-budget resources and the intended purpose. However, this has not been fully complied with. Government should put in place guideline to streamline off-budget resources to minimize the possible risks of duplication and misallocation.

4.0 CROSS-CUTTING ISSUES, GENDER & EQUITY COMPLIANCE

4.1 Gender and Equity Compliance

The Committee noted that all MDAs under the Health sub-programme had their MPSs assessed by Equal Opportunity Commission as required by the PFM Act 2015 (amended). Whereas all the MDAs MPSs passed the G & E

assessment criteria (obtained a score above 50 percent), out of the 31 votes assessed, 15 recorded a decline in their G & E compliance levels. Consequently, the overall compliance level was 65 percent slightly lower than 67 percent recorded in FY 2022-23 (Table 9).

Table 9: G & E Compliance Assessment Results for Health Votes

Vote	MDA	2020/21	2021/22	2022/23
411	Soroti Regional Referral Hospital	95%	96%	92%
407	Jinja Regional Referral Hospital	73%	74%	74%
413	Mbarara Regional Referral Hospital	79%	80%	72%
419	Entebbe Regional Referral Hospital	52%	69%	71%
408	Kabale Regional Referral Hospital	70%	71%	72%
418	Kawempe National Referral Hospital	67%	66%	69%
127	Uganda Virus Research Institute	54%	54%	66%
416	Naguru National Referral Hospital	68%	70%	66%
14	Ministry of Health	72%	78%	65%
402	Butabika National Referral Hospital	66%	67%	65%
405	Gulu Regional Referral Hospital	63%	69%	64%
420	Mulago SW & N Hospital	70%	71%	64%
406	Hoima Regional Referral Hospital	60%	72%	64%
401	Mulago National Referral Hospital	66%	66%	64%
415	Moroto Regional Referral Hospital	64%	66%	63%
414	Mubende Regional Referral Hospital	67%	63%	63%
403	Arua Regional Referral Hospital	64%	66%	63%
134	Health Service Commission	70%	60%	63%
409	Masaka Regional Referral Hospital	69%	61%	63%
114	Uganda Cancer Institute	68%	60%	62%
116	National Medical Stores	67%	60%	62%
115	Uganda Heart Institute	60%	60%	62%
421	Kayunga Regional Referral Hospital			62%
410	Mbale Regional Referral Hospital	66%	68%	62%
417	Kiruddu National Referral Hospital	60%	60%	62%
422	Yumbe Regional Referral Hospital			61%
151	Uganda Blood Transfusion Service	55%	61%	61%
107	Uganda Aids Commission	62%	63%	60%
412	Lira Regional Referral Hospital	77%	78%	59%
404	Fort Portal RRH	64%	64%	59%
	Average	67%	67%	65%

Source: Certificate of G & E Compliance for MPSs FY 2022/2023

5. UNFUNDED, UNDER-FUNDED PRIORITIES & RE-ALLOCATION

5.1 Unfunded and Under Funded Priorities

The Committee observed that a number of critical priorities remained unfunded and underfunded in the health sub-programme budget for FY 2022/23 yet they are central to quality health service delivery and attainment of the Health outcomes under the National Development Plan III (Table 10):

Table 10: Underfunded and Unfunded Priorities FY 2022/23 (UGX, BNs)

S/N	Un/underfunded priority	Funding gap	Justification
1.	Construction and Rehabilitation of the Regional Referral Hospitals for Arua (orthopedic ward and theatre 2.5bn, administration block 2.5bn, mortuary 0.3bn, imaging center 0.5bn, staff house 4.1bn), Fort Portal (staff house 6bn), Kiruddu (waste treatment plant 0.3bn), Gulu (OPD and ward rehabilitation 2bn), Lira (rehabilitation of buildings and infrastructure at 0.8bn) and Soroti (rehabilitation of buildings and infrastructure at UGX 5bn).	24.1	
2.	Equipment procurement and maintenance to operationalise the regional workshops at Naguru (0.9bn), Mbarara (0.3bn), Lira (0.3bn), Kiruddu (0.4bn), Entebbe (0.6bn), Kabale (2.5bn), Arua (2bn), Kayunga (0.3bn) and Soroti (5bn-including procurement of Digital Xray, HD vehicle, medical equipment, CT scan, new oxygen plant).	12.3	To operationalise the regional workshops
3.	Enhancement for Kawempe operational budget	8.0	To cater for maintenance of Radiology, ICU, Lab, Laundry, CSSD equipment, machinery.
4.	Water and electricity for regional referral hospitals (Naguru (0.8bn), Gulu (0.35bn), Yumbe (0.35bn), Mbarara (0.6bn), Soroti (0.3bn), Kawempe (0.65bn), Hoima (0.35bn) and Lira (0.3bn).	3.7	

S/N	Un/underfunded priority	Funding gap	Justification
5.	Maintenance costs for Intensive Care Units amounting at Naguru (0.2bn), Gulu (0.4bn), Hoima (0.6bn), Moroto (0.6bn), Fort Portal (0.3bn), Mbarara (0.8bn) and Entebbe (0.3bn).	3.2	For effective functioning of Intensive Care Units
6.	Funding for the upgraded Yumbe Hospitals to regional referral status.	5.6	For non-wage recurrent and Development costs to enable them to provide the required services of a Regional Referral.
7.	Funds required to takeover Mengo Hospital blood bank that was constructed by Rotary Club	5.0	
8.	Funds required for a phased establishment of the National Ambulance Service System.	20.8	Phased establishment of the National Ambulance Service System
9.	Covid 19 resurgence plan estimates Ugx. 652bn will be required to mitigate the risks caused by the epidemic.	652.0	These resources are needed to procure vaccines (for the targeted 22 million people) and related supplies, storage and distribution vaccines and logistics and other operational costs.
10.	Laboratory reagents, supplies and equipments for National Referral Hospitals, Regional Referral Hospitals, General Hospitals and Health Centres III and IV.	320.0	Avert the acute shortage of laboratory reagents, supplies and equipments for National Referral Hospitals, Regional Referral Hospitals, General Hospitals and Health Centres.
11.	funding shortfall for Tuberculosis (TB) drugs.	5.0	There is a funding shortfall of Ugx 5bn for Tuberculosis (TB) drugs
12.	Funding shortfall of Ugx 1bn for laboratory reagents to cater for TB patients in the country.	1.0	There is a funding shortfall of Ugx 1bn for laboratory reagents to cater for TB patients in the country

S/N	Un/underfunded priority	Funding gap	Justification
13.	The outstanding balance of the verified accumulated Arrears from service providers .	48.0	No funding has been provided to clear these arrears that continue to accumulate interest and some service providers have resorted to take government to courts of law which will be costly in the medium term.
14.	There is a shortfall in operational funds for Primary Health Care services (PHC) in FY 2022/23.	36.8	To cater for the newly upgraded Health Centre IIIs, Health Centre IVs, and General Hospitals.
15.	Wage short fall of UGX 12.9bn.	12.9	To cater for absorption of the donor supported contract staff within the existing structures in various votes. These include Ministry of Health Headquarters, UVRI, CPHL Lab, JCRC, Mulago National Referral, Regional Referrals and District Local Governments. This was a commitment by Government of Uganda to mainstream above staff into Public Service after the donor support ends.
14.	Construction of Health Centre IIIs in 134 sub-counties without any health facility at UGX 2.75bn each.	368.5	
15.	Upgrading of 30 Health Centre IIIs to IVs.	51.0	
16.	Expansion and rehabilitation of Soroti Regional Referral Hospital Phase 1.	11.8	
17.	Functionalisation of the Community Health Program.	6.0	For training VHTs in Community Health Program and tooling of the VHTs for

S/N	Un/underfunded priority	Funding gap	Justification
			Expansion of iCCM in the remaining 61 districts.
18.	The Health Service Commission requires Ugx 3.8bn for replacement of the old fleet of vehicles for the Commission members.	3.8	For replacement of the old fleet of vehicles for the Commission members.
19.	The Health Service Commission requires UGX 12bn to undertake architectural design and construction of offices at Butabika.	12.0	To undertake architectural design and construction of offices at Butabika.
20.	Functionalization of Radiology Units in 10 Regional Referral Hospitals.	28.0	
21.	Rehabilitation and equipping of General Hospitals of Masindi, Bugiri, Apac, Kambuga, Pallisa, Iganga, and Abim General Hospitals.	70.0	
Total		1,709.5	

Source: MPS FY 2022/23

6. VOTE SPECIFIC OBSERVATIONS AND RECOMMENDATIONS

6.1 VOTE 014 MINISTRY OF HEALTH

6.1.1 Proposed Health Budget Cuts in FY 2022-23

At the time of approving the NBFP in January 2022, Parliament was informed that the Ministry of Finance, Planning and Economic Development was proposing to raise additional funds through rationalization of various budgets for Agencies across a number of Votes. Consequently, a total of UGX 113.14 billion had been proposed from the following Votes (Table 11). Whereas Parliament was in support of any efforts by Government to raise additional resources for purposes of implementing critical priorities in line with NDP III, it found that effecting cuts under the health sector would grossly affect the planned implementation of key health sector interventions and further curtailing the attainment of NDP III Human Capital Development outcome indicators since many of the interventions are underfunded.

Consequently, Parliament has recommended that these cuts should be reversed and instead the funds be retained within the Health Sub-programme. However, the Committee noted that these cuts have been effected leaving many priorities underfunded.

Table 11: Proposed Health Budget cuts FY2022-23 (UGX, BN)

Vote	Entity/MDA	Non-Wage	Dev't	Total
014	Ministry of Health	3.61	12.00	15.61
107	Uganda AIDS Commission	0.40	0.28	0.68
115	Uganda Heart Institute	5.04	-	5.04
116	National Medical Stores	80.00	-	80.00
127	Uganda Virus Research Institute	2.10	2.10	4.20
151	UBTs	0.75	-	0.75
401	Mulago National Referral Hospital	2.36	4.50	6.86
Total		94.26	18.88	113.14

Source: Addendum to NBFP FY 2022-23

The Committee re iterates its earlier recommendation that Parliament reverse this proposal and instead have these funds saved under the various votes to which they were earmarked to finance the critical interventions planned in FY 2022-23 under the various Agencies as indicated in Table above.

6.1.2 Inadequate Funds for Covid-19 Re-surgence Plan

The Committee commends Government on its efforts to contain Covid-19 pandemic. The Committee was informed that as at 10th April, the total cumulative cases were 163,905, Total deaths 3,595 and that there were no admissions with a current positivity rate is 0.9 percent.

In terms of vaccination, out of the targeted population of 22 million people, 68 percent have received the 1st dose while 43 percent have received the two doses. The Committee was informed that there is a funding gap of UGX 652bn in FY 2022-23.

The Committee recommends that Government should adequately plan and mitigate any possible re-surgence of covid-19 to avoid mistakes that were committed previously to minimise its impact on the Economy. The required funding should be secured and ring-fenced for the intended purpose.

6.1.3 Termination of Emergency Contracts for COVID-19 Health Workers

Following the outbreak of the COVID-19 pandemic in Uganda and the attendant strain it put on the country's human resources for health, the Ministry of Health recruited 1,200 workers on non-gratuitable contracts. The Ministry of Health was responsible for payments for 843 workers while development partners took on the remaining 357 staff.

The Committee was informed due to budgetary constraints and reduction in the number of COVID-19 cases (currently the positivity rate is 0.9 percent) Government made a decision to terminate the contracts of majority of the health workers were terminated leaving only 126 health workers w.e.f 31st March 2022. Whereas the Committee was informed that the terminated health workers had been paid all their due salaries, they had not been paid their risk allowance in arrears since October 2021 totalling to UGX 8.902bn.

Despite the fact that the Ministry of Health has written several letters to the Ministry of Finance, Planning and Economic Development requesting for resources to have the allowances paid, no response has been provided to-date. The Continued non payment of the risk allowances demoralises these health workers who worked hard to save many Ugandans at the peak of the Covid-19 pandemic.

It should be noted that while still serving, these health workers were able to bring the staffing gaps that exist within the health facilities. Consequently, now that they have been terminated, many health facilities are grappling with the heavy work load left.

The Committee recommends that the UGX 8.902bn required to clear the risk allowance arrears be provided in the FY before close of FY 2021/22 to the Ministry of Health to enable it clear arrears for the health workers giving priority to those terminated.

Government should explore means of absorbing these health workers into the mainstream public service to avoid lapses in health service delivery due to shortage of staff across health facilities.

6.1.4 Slow Progress in the Construction of the International Super-Specialised Hospital at Lubowa

The Committee observed that construction of the International Super Specialised Hospital at Lubowa has not progress as planned. Whereas the Works had been estimated to have been completed, the committee was informed that only 20 percent of the physical works had been completed to-date. Moreover, at the time the Committee interacted with the Minister on 19th March 2022, there was no contractor on site.

The Committee was further informed that Government has set up a steering Committee to oversee the construction of the Hospital headed by the Rt. Honourable Prime Minister. Following acquisition of Funds by the Developer, the request to extend the completion date and a review of the designs, the revised completion date has been indicated as June 2024.

The Committee recommends that the Minister for Finance, Planning and Economic Development, the Attorney General and the Minister of Health should submit a report to Parliament before the end of this FY 2021-22 detailing both the financial, physical performance of the International Hospital at Lubowa and the performance of the Agreement signed by Government and the Developer to-date.

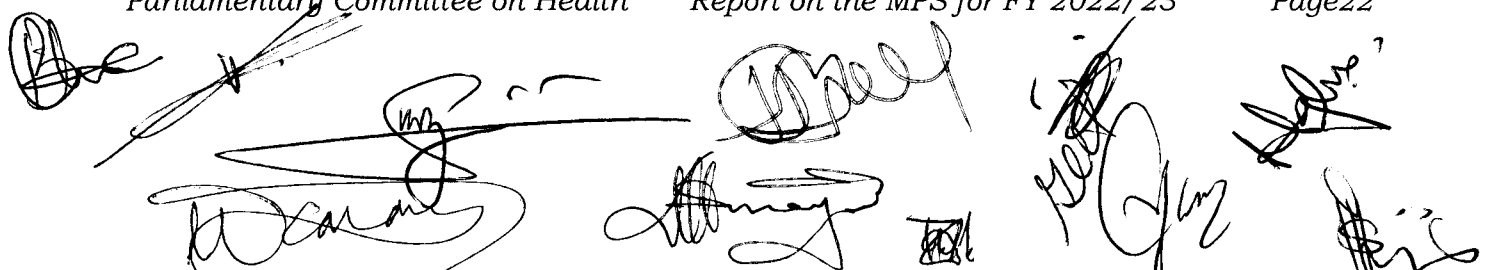
6.1.4 National Ambulance System Service

At the time of approval of the NBFP, Parliament was informed that whereas the Ministry of Health developed and launched a National Ambulance Policy to streamline the operation and efficiency in health service referral system across the country; this is still hampered by inadequate number of ambulances of both types A, B and C.

Whereas Type A is being phased out, there was a funding gap of UGX 167.3 billion required to purchase 219 Type B at a total of UGX 59.1 billion, Type C 15 at UGX 5.6 billion, one boat ambulance at UGX 0.54 billion, 50 paramedic bikes at UGX 0.75 billion, operationalization of 8 regional call and dispatch centres at UGX 6.7 billion and staffing at shs12.67 billion annually. In addition, there was need for UGX 29.2 billion and UGX 44.7 billion for ambulance operation on the road and for boats respectively as well as other call centre operation costs amounting to UGX 4.2 billion.

Whereas Parliament had recommended that an additional funding of UGX 73.05 billion should provided in the FY2022/23 as follows:

- 109 Type B ambulances at UGX 31.6 billion
- Operation of 8 regional call centres at UGX 6.7 billion
- Staffing at UGX 7 billion



- Operational costs for road ambulances at UGX 15 billion
- Boat ambulance at UGX 10 billion
- Operational costs for the call centre at UGX 2 billion
- 50 paramedic bikes at UGX 0.75 billion

The Committee has noted that only UGX 4.5bn has been provided for operationalisation of the National Ambulance Service in FY 2022-23.

The Committee recommends that the balance of UGX 68.55bn required to actualize the above plans should be provided in a phased manner in subsequent financial years.

6.1.5 Inadequate funding for Health Promotion and Education

The Committee noted that there is increased disease burden arising from non-communicable diseases such as diabetes, cancer and cardiovascular diseases among others, which are preventable. This is attributed partly to inadequate promotion and education of the population about health living and promotion of primary healthcare among communities. The Committee was informed that a total of UGX 5 billion is required to expand community level health promotion and education but only UGX 2.99 billion has been allocated in FY 2022-23 leaving a funding gap of UGX 2.01 billion.

At the time of approving the NBFP in January 2022, Parliament had recommended that UGX 2.01 billion required to expand community level health promotion and education in lower level health facilities be provided in FY 2022-23 as mechanism to cut-back on the cost of health financing. However, this has not been actualized.

The Committee re iterates Parliament's earlier recommendation that UGX 2.01 billion required to expand community level health promotion and education in lower level health facilities should be provided in subsequent financial year to cut-back on the cost of health financing as the national budget remains constrained.

6.1.6 Non-functionality of Health Centre IVs

Many Health Centre IVs have remained non-functional due to various reasons. According to the Annual Health Sector Budget Performance FY 2020-21, a total of 218 HC IVs that reported only 187 (86%) were able to carry out C/S. However, 87 of these do not have blood transfusion services. In addition, almost all new HC IVs do not provide Comprehensive Emergency Obstetric and Newborn Care (CeMNOC) services due to lack of staff and equipment.

At the time of approving the NBFP in January 2022, Parliament was informed that a total of UGX 13.32 billion is required to functionalize 111 Theatres at HC

IVs by equipping them with blood transfusion services but only UGX 4.8 billion has been provided in the MTEF leaving a funding gap of UGX 8.52 billion.

Parliament had recommended that an additional UGX 8.52 billion should be provided in a phased manner starting with UGX 4 billion in FY 2022-23 to provide for blood storage equipment in HC IVs that do not have. However, this has not been actualized.

The Committee re iterates its earlier recommendation that an additional UGX 8.52 billion should be provided in a phased manner starting with UGX 4 billion in FY 2022-23 to provide for blood storage equipment in HC IVs that lack them.

6.1.7 Inadequate Funding for Regional Equipment Workshops

The Committee noted that many of the few existing diagnostic equipment procured by Government are non-functional due to minor faults that could otherwise be repaired and or serviced through the Regional Equipment Workshops. However, this is not usually the case as these workshops lack the resources to carry out the necessary repairs and maintenance service. In addition, the available budgetary provisions cannot support procurement of the required service equipment to facilitate proper repairs and service maintenance works.

At the time of approving the NBFP in January 2022-23 Parliament was informed that a total of UGX 15 billion is required to functionalize Regional Equipment Workshops through procurement of the attendant servicing equipment, recruit the required staff and train more of the much needed Bio-medical engineers. However, only UGX 2.7 billion had been provided in the MTEF for FY 2022-23 leaving a gap of UGX 12.2 billion.

Whereas Parliament had recommended that UGX 12.2 billion required to fully functionalize regional equipment workshops should be provided in a phased manner starting with UGX 5 billion in FY 2022-23 to support this critical intervention, this has not been actualized.

The Committee re iterates its earlier recommendation that UGX 12.2 billion required to fully functionalize regional equipment workshops should be provided in a phased manner starting with UGX 5 billion in FY 2022-23 to support this critical intervention.

6.1.8 Delay in Actualizing the National Health Insurance Scheme

The Committee noted that whereas the health sector remains critically underfunded with high dependency on external financing, Government has not demonstrated willingness in fast-tracking the National Health Insurance Scheme (NHIS) yet it is the sure way of increasing budgetary resources needed to support universal health coverage.

It should be noted that during the 10th Parliament, Parliament considered and passed the National Health Insurance Bill into an Act however, before it was assented to by H.E The President, the term of 10th Parliament ended.

The committee was informed that Government was still prioritizing the National Health Insurance Bill as passed by the 10th Parliament was returned to the Ministry of Health for re tabling in October 2021. Legal issues as identified by the Solicitor General have been addressed and the Private Sector and employers' concerns have been addressed in the Draft Bill 2022 currently with the Office of the Solicitor General.

In addition, Ministry of Health in collaboration with Uganda Insurance Regulatory Authority is in process of undertaking Actuarial Studies to determine the NHIS contributions, affordable benefits package and costing in the medium term. The Minister assured the Committee that the Bill will be re tabled in Parliament before the end of this FY 2021-22.

The Committee re iterates Parliament's earlier recommendation that Government should demonstrate its willingness to implement the National Health Insurance Scheme within next FY 2022-23 by earmarking adequate resources not only for processing of the legal framework but also for actual implementation of the Scheme in a phased manner.

6.1.9 Inadequate Funding to Support Renovation & Equipping of Hospitals

The Committee supports Government efforts to renovate and rehabilitate General Hospitals that are in sorry state across the country. At the time of approving the NBFP in January 2022, Parliament had recommended that UGX 70 billion that was required to rehabilitate and equip Masindi, Bugiri, Apac, Kambuga, Pallisa, Iganga and Abim General Hospitals. The Committee was informed that due to budgetary constraints funds to rehabilitate and equip Masindi and Kambuga General Hospitals will be funded in FY 2022-23.

The Committee Government should the requisite funds needed to renovate and equip all the General Hospitals that are in sorry state to guarantee quality health service delivery across the country without any further delays in a phased manner beginning FY 2022-23.

6.2 VOTE 116: NATIONAL MEDICAL STORES (NMS)

6.2.1 Inadequate Funding for Essential Medicines and Health Supplies

The Committee noted that out of UGX 335.04 billion required to provide for adequate essential medicines and health supplies (EMHS) under the categories listed the Table 12. However, only UGX 264.45 billion has been provided in the MTEF FY 2022-23 leaving a funding gap of UGX 70.32 billion. The continued stock-outs for essential medicines and health supplies contribute to the high

out-of-pocket household expenditure share to current health spending currently at 43 percent.

Table 12: Essential Medicines and Health supplies funding gap (UGX, BN)

Category	Required	Available	Gap
Specialist Units and non-communicable Diseases (NCDs)	51.34	44.1	7.24
Reproductive items and supplies	37	22	15
Lab commodities	65.11	61	4.11
Health Centre II	29.72	11.16	18.56
Health Centre III	46.24	35.68	10.56
Health Centre IV	24.84	21.43	3.14
General Hospitals	25.05	22.53	2.52
Regional Referral Hospitals	24.94	22.18	2.76
National Referral Hospitals	30.8	24.37	6.43
Total	335.04	264.45	70.32

The Committee recommends that the funding gap of UGX 70.32 should be provided to National Medical Stores in FY 2022-23 to minimize stock-outs for Essential Medicines and Health Supplies under the various categories listed.

6.3 VOTE 151: UGANDA BLOOD TRANSFUSION SERVICES (UBTS)

6.3.1 Inadequate Blood collection & Mobilisation Facilities

During the consideration of the NBFP in January 2022, the Committee was informed that currently UBTS collects about 300,000 Units of blood yet the actual estimated needs stands at about 420,000 Units. This leaves a blood deficit of 120,000 Units of blood annually.

At the time of approving the NBFP in January 2022, Parliament was informed that in order to meet this gap, UBTS needs to expand its capacity to mobilise, collect and screen enough blood requirements. This requires additional budgetary provision of UGX 12.31 billion of which blood collection and delivery Vehicles (UGX 1.87bn), specialized laboratory, blood collecting and IT equipment (UGX 2.5bn), Staff recruitment (UGX 2bn), blood collection operations (UGX 3.26bn) as well as setting-up blood repository centres at district General hospitals (UGX 1.36bn). However, there is no allocation in FY 2022-23 to facilitate these interventions.

The Committee was further informed that out of the total fleet of 63 vehicles at UBTS, 55 have exceeded the recommended life of five (5) years with a mileage

above 250,000 km. Consequently, there are high maintenance costs which stretch the available meagre budget.

The Committee was also informed that expansion of blood transfusion infrastructure was a key area of focus and that Plans are under-way for construction of Hoima and Moroto Blood Banks.

The Committee noted that no funds have been earmarked towards acquisition of blood delivery vehicles but only UGX 5.578bn has been earmarked to wards blood mobilisation operations under the non-wage category.

The Committee recommends that:

- i. In the meantime UBTS should prioritize the acquisition of Blood collection vehicles taking into account the non wage budgetary requirements within the allocated budget of UGX 5.578 billion and gradually doing so in a phased manner.
- ii. Government through UBTS should fast track the construction of the Hoima and Moroto blood banks to increase blood collection in Bunyoro and Karamoja regions respectively.

6.4 VOTE 401: MULAGO HOSPITAL COMPLEX

6.4.1 Inadequate Funds to transform Mulago Hospital Complex into Super-specialised Status

The Committee observed that whereas Government invested a lot of resources to renovate and equip Mulago Hospital Complex with the aim of transforming it into a super-specialized facility, this expectation has not been met. Mulago Hospital complex requires UGX 92.3 billion to procure adequate supply of medicines for specialized medical care, UGX 21 billion for re-modelling and refurbishment of upper Mulago to reduce congestion especially in the surgical and pediatric area, UGX 9.2 billion for the much need tools and equipment for use, UGX 5 billion for servicing and maintenance of equipment, UGX 16bn for additional construction of staff houses among others.

The Committee re iterates Parliament's earlier recommendations that:

- i. Government provides the attendant support to Mulago Hospital Complex to enable it transform into its rightful purpose as a Super-specialized facility.
- ii. The Ministry of Health together with that of Public Service and Finance, Planning and Economic Development should set up a technical committee to review the required staffing structure, operational needs both human and financial as well as

infrastructural requirement with of having a well costed implementation action plan to have Mulago Hospital Complex take-off as a super-specialized facility in a phased manner beginning in FY 2022-23.

6.5 VOTE 402: BUTABIKA NATIONAL REFERRAL HOSPITAL

6.5.1 Inadequate Budget for Special Meals and Drinks

At the time of considering the NBFP in January 2022, Parliament was informed that that UGX 4.7bn was required for special meals and drinks but only UGX 1.93bn is available in the MTEF leaving a funding gap of UGX 2.76bn. The current budget is premised on a unit price of UGX 6,187 per person (breakfast, lunch and supper) whereas the current market unit price is UGX 15,000.

The Committee re iterates Parliament's recommendation that Ministry of Health, Ministry of Finance, Planning and Economic Development should harmonise with the Management of Butabika National Mental Hospital to arrive at the realistic unit cost for Patient meals with a view of providing for adequate resources with effect from FY 2022-23.

6.5.2 Inadequate Budget for Uniforms and Beddings

During the consideration of the NBFP in January 2022, Parliament was informed that that a total of UGX 3.25bn is required to procure uniforms and bedding requirements to cater for 6,762 patients. The available budget in the MTEF of UGX 0.52bn can only cater for 1,100 patients.

The Committee re-iterates its earlier recommendation that Ministry of Health, Ministry of Finance, Planning and Economic Development should harmonise with the Management of Butabika National Mental Hospital the realistic unit cost for the procurement of bedding requirements and Uniforms for Patients with a view of providing for adequate resources (UGX 1.5bn) with effect from FY 2022-23.

6.5.3 Inadequate funds for Maintenance of Diagnostic Equipment

Whereas diagnostic equipment worth UGX 7 billion has been procured to facilitate timely diagnosis for patients, only UGX 0.9bn has been provided for their maintenance out of the UGX 1.52bn needed leaving a funding gap of UGX 1.33bn. The Committee noted that this challenge cuts across all Health facilities and requires urgent attention to minimize on the losses incurred when very expensive medical equipment is left to waste.

The Committee re-iterates parliament's earlier recommendation that:

- i. Government through the Ministry of Health and that of Finance, Planning and Economic Development should priorities maintenance**

and repair of medical equipment to ensure their functionality across all health Facilities.

- ii. **Government prioritizes the total budgetary requirement under Butabika National Mental Hospital should be enhanced by an additional UGX 0.5 billion in FY 2022-23.**

6.6 VOTE 114: UGANDA CANCER INSTITUTE

6.6.1 Inadequate Funding for Key Equipment

At the time of considering the NBFP FY 2022-23 and the Medium Term, Parliament was that Uganda Cancer Institute (UCI) had gradually developed its capacity and currently has some of the best diagnostic equipment in the region. In order to further strengthen its capacity to treat and manage Cancer in Uganda and in the region, a total of UGX 22.5bn was required to procure Cyclotron, UGX 33.75bn for acquisition of 2 linear accelerator (LINAC) machines and UGX 3.75bn to procure 2 High Dose Rate (HDR) machines. When acquired, these machines would greatly increase the diagnostic capabilities at UCI and save foreign exchange that is currently incurred due to referrals abroad. However, Parliament's recommendation has not been actualized.

The Committee re-iterates its earlier recommendation that in order to increase the capacity of UCI, Government ought to prioritize acquisition of the diagnostic equipment in a phased manner. This will require UGX 22.5bn to procure Cyclotron machine.

6.7 VOTE 115: UGANDA HEART INSTITUTE

6.7.1 Inadequate Space for expansion of Services

During the approval of the NBFP in January 2022, Parliament noted that whereas Uganda Heart Institute has built capacity to manage and treat more complicated heart diseases; this capacity is constrained by lack of state-of-the-Art equipment.

Parliament was informed that the current Catheterization laboratory needs improvement at UGX 2bn but this funding has not been included in the MTEF for FY 2022-23. In addition, Uganda Heart Institute (UHI) requires additional space to increase on its patient in take by constructing its New Home. In the mean-time, additional space is being created through renovating Ward 1C at Mulago Hospital Complex. In order to complete these works, a total of UGX 1.2bn is required.

The Committee recommends that UGX 1.2bn and UGX 2bn required for completion of works at Ward 1C and replacement of the Catheterization



laboratory should be provided in FY 2022-23 to increase UHI's operation scope to save lives and raise addition revenue for Government.

6.8 VOTE 134: UGANDA HEALTH SERVICE COMMISSION

6.8.1 Lack of Transport Means and Funds for Support Supervision

While considering the NBFP in January 2022, Parliament was informed that Health Service Commission's fleet of vehicles is aging and requires replacement in line with the existing Government Policy where vehicles have to be boarded-off after five (5) years from the date of acquisition. If not replaced, the aging vehicles are not only a liability through high cost of maintenance but also affect timely delivery of services to those that need them. Health Services Commission required UGX 1.32bn to procure new vehicles but there was no provision in the budget estimates for FY 2022-23. An additional UGX 2.48bn is needed for support supervision activities.

Parliament recommended that UGX 1.32bn should be provided in a phased manner starting with UGX 0.62bn in FY 2022-23 to enable Uganda Health Service Commission procure two (2) vehicles to ease their operation and UGX 1bn for support supervision.

6.8.2 Lack of Funds to Operationalise e-Recruitment System

The Committee was informed that the number of applicants for some categories of Staff has been increasing over time to unmanageable levels rendering the recruitment exercise a cumbersome and costly exercise. In order to mitigate the challenge, HSC requires UGX 0.5bn to operationalise the e-recruitment.

The Committee recommends that UGX 0.5bn required to enable HSC operationalize the e-Recruitment System in FY 2022-23 without fail.

6.9 VOTE 403-422: NATIONAL & REGIONAL REFERRAL HOSPITALS

6.9.1 Understaffing

The Committee noted that most of the Regional Referral hospitals were lacking key human resources for health especially the specialist cadres such as senior Consultants, Consultants and Medical Officers (special grade). Many of the RRHs are still operating as General hospitals. The most affected Hospitals are Kawempe, Entebbe, Mulago Specialized Women & Neonatal Hospital and Gulu Referral Hospitals (Table 13).

Table 13: Staffing levels in selected health facilities

S/No	Facility	Filled Vacancies
1.	Kawempe National Referral Hospital	33.8%
2.	MSW & N Hospital	38.7%
3.	Naguru National Referral Hospital	85.0%
4.	Lira National Referral Hospital	78.5%
5.	Fort Portal Regional Referral Hospital	77.3%
6.	Soroti Regional Referral Hospital	73.0%
7.	Mbale Regional Referral Hospital	83.6%
8.	Kayunga Regional Referral Hospital	60.0%
9.	Entebbe Regional Referral Hospital	36.0%
10.	Gulu Regional Referral Hospital	43.0%
11.	Masaka Regional Referral Hospital	77.0%
12.	Moroto Regional Referral Hospital	62.0%
13.	Yumbe Regional Referral Hospital	32.0%

Source: Health Sub-programme MPS FY 2022-23

Parliament was informed that whereas the existing vacancies for the specialized cadres have been advertised, they had not been able to attract the required staff due to low pay and other conditions of service such as a vehicle for Consultants and lack of decent accommodation facilities in many of the facilities. The situation has been compounded by an outdated staffing structure which was last revised in 1999 and does not resonate with the current population levels as well as advancement in technology that calls for additional staff across the various specialties.

Consequently, a number of health facilities have been failing to absorb the wage budget and funds are instead returned to the Consolidated Fund.

In the FY2020/21, UGX 11 billion was returned by the Ministry of Health with Mulago National Referral Hospital returning over UGX 1 billion. On average all RRHs returned over UGX 0.5bn each.

During the consideration of the NBFP for FY 2022-23, Parliament was further informed that whereas UGX 27bn is required to procure vehicles for Senior Consultants in FY 2022-23, there was no allocation to facilitate this procurement.

The Committee acknowledges the additional wage allocation to Ministry of Health Agencies, National and regional Referral Hospitals to the tune of UGX 71.71bn. This will go a long way in motivating, attract and retention of the much needed specialists in referral hospitals across the country (Table 14).

Table 14: Increment in Wage for Agencies, National & RR Hospitals FY 2022-23

Facility	Amount (UGX, BNs)
RRH	40.19
Mulago National RRH	12.54
Butabika	2.96
Naguru	2.91
Kawempe	3.09
Kiruddu	3.68
MW& N Hospital	2.64
UCI	2.09
UHI	1.61
Total Increment	71.71

Source: Health Sub-programme MPS FY 2022-23

The Committee recommends that:

- i. **The Ministry of Public Service should expedite the review of the Health Sector Staffing norms and conditions of service for specialized cadres to attract and retain them in service. In addition, the staffing norms should consciously take into account the H.E The President's directive to recruit Doctors up to HC III level before the commencement of the FY 2022-23.**
- ii. **A total of UGX 21.76bn should be provided in the FY 2022-23 budgets to procure 68 Vehicles for Senior Consultants in line with their existing terms of service.**
- iii. **Government should continue with its efforts of building the stock of houses for health workers' accommodation at all health facility levels including accommodation for specialized cadres.**
- iv. **Government should fill the vacant positions in a phased manner to ensure that all RRHs starting with those with less than 50% to at least a minimum of 60 percent.**

6.9.2 Operationalization and Maintenance of Equipment

The Committee observed that most of the equipment in health facilities is not operational. Non-functionality of the equipment is due to: failure to repair and service to maintain them in good condition, lack of the required human resource to operate them, intermittent and low voltage power supply as well as lack of the requisite medical supplies for the equipment.

Due to unstable power supply, most health facilities have been forced to use heavy-duty generators which consume a lot of fuels. This has stretched their operational budget. In some cases leading to accumulated of utility arrears. The Committee was informed that in total, all regional maintenance workshops receive a budget of UGX 2.7 billion annually which is inadequate.

The Committee recommends that:

- i. **The Ministry should ensure that all regional equipment workshops are provided with the adequate s to operate including staffing and service equipment.**
- ii. **The annual budget earmarked for regional equipment workshops is increased to UGX 5.4bn in FY 2022-23 to support their functionality.**
- iii. **The Ministry of Health together with of Energy workout a mechanism of supplying cheaper and clean (stable) power to all Regional Referral Hospitals to avoid further damage to Equipment arising from power surges. A possibility of connecting health facilities to a three (3) phase line and charging them an industrial electricity tariff rate should be explored and report to Parliament within before the end of the FY 2021-22.**

6.9.3 CT Scans for all RRHs and attendant Infrastructure Requirements

During the Consideration of the NBFP FY 2022-23, Parliament was informed that whereas Parliament earmarked UGX 20.5bn to facilitate the procurement of CT Scans in the current FY 2021-22 for all regional referral Hospitals and the procurement process was on-going, many of the regional referral hospitals lack the required infrastructure to house them. In addition, in some of the hospitals there is no staff to operate them.

Parliament was informed that 10 standard New Radiology buildings will be required to house the new equipment at a total of UGX 36.3bn.

The Committee re-iterates Parliament's earlier recommendation that UGX 4bn should be earmarked in FY 2022-23 for remodeling of the existing 10 facilitates in the RRHs.

6.9.4 Infrastructure for ICUs in RRHs

During the consideration of the NBFP for FY 2022-23, Parliament noted that whereas ICU equipment was procured, in many of the RRHs the equipment are not fully operational due to various reasons ranging from lack of adequate space and infrastructure as well as staff to man them. Parliament was informed that a total of 10 standard new ICU buildings are required in various RRHs to have all ICU equipment installed and operational. The total budget requirement was UGX 37.5bn.

Whereas Parliament had recommended that UGX 10bn should be earmarked in FY 2022-23 to facilitate the construction of ICU infrastructure in 5 RRHs, this has not been actualised.

The Committee re-iterates Parliament's earlier recommendation that UGX 10bn should be earmarked in FY 2022-23 to facilitate the construction of ICU infrastructure in 5 RRHs, in FY 2022-23.

6.9.5 Other Diagnostic Equipment needs at RRHs, GHs & HC IVs

The Committee was informed that in order to fully functionalize critical care equipment in RRHs, GHs and HC IV, various equipment are needed.

Table 15: Diagnostic Equipment Needs

MRI (1.5T)	Standard Digital X-ray Machine	Mobile Digital X-ray Machine	Fluoroscopy X-ray Machine	Mammography	Operating Theatre Apparatus	Dental Unit	Ultra Sounds	Medical Equipment Maintenance
3	11	37	16	16	188	110	100	16

Source: Ministry of Health

The total budgetary requirement to procure all these equipment is UGX 139.33bn. Detailed information as to specific health facility requirements.

The Committee recommends that Government earmarks UGX 84bn for the attendant budgetary resources to procure these equipment in order to fully functionalize the RRHs, GHs and HC IVs for enhanced health service delivery.

6.9.6 Budgetary Provision for the New Regional Referral Hospitals

The Committee noted that since Entebbe Hospital was upgrade to a regional referral hospital, its budget has remained at the same level of a General hospital. In the same way, Yumbe and Kayunga general hospitals have been

recently upgraded and given have been earmarked dismal budgetary allocations for FY 2022-23 yet they are required to provide specialized services with increased cost implications similar to other regional referral hospitals.

Under Kayunga RRH, whereas the total wage bill requirements for staff in-post is 5.772bn only UGX 1.9bn has been provided and operationalizing the full staffing structure will require UGX 19.26bn.

Under Yumbe, there is a funding gap of UGX 5.6bn required for non-wage recurrent and development costs in FY 2022-23 to enable it provide the required services of a regional referral Hospital.

The Committee recommends that additional budgetary provisions should be provided to support the full operationalization of the Entebbe, Kayunga and Yumbe regional referral hospitals in line with their mandates.

6.9.7 Lack of Equipment for Covid-19 Vaccination Data Entry

The Committee was informed that the ongoing vaccination efforts are being hampered by lack of adequate equipment like computers and routers for timely data entry for clients, poor network connectivity and low supply of client cards. To date 10,315,951 (47 percent) of the 22 million target population have received the first dose of COVID-19 vaccines. Of these, 4,006,021 (18 percent) are fully vaccinated. However, the Ministry of Health does not have records for all those vaccinated persons. It should be noted that failure to provide the attendant supplies greatly affect the progress of the vaccination exercise.

The Committee recommends that:

The Ministry ensures the missing supplies are provided in a timely manner in order to avoid a possible slow-down in the vaccination exercise. The National Covid-19 task force should ensure that a realistic budget is prepared to facilitate the acquisition of the missing supplies without any delay.

7. CONCLUSION

The Committee recommends that a total of UGX 2,532,780,693,000 (excl. KCCA, UAC & LG PHC) of which UGX 1,058,738,939,000 is recurrent (incl. Pension, Gratuity & Arrears) and UGX 1,474,041,754,000 is for Development Expenditure (incl. Arrears) be approved for the Health Sub programme under the following Votes:

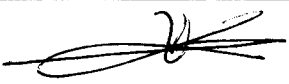



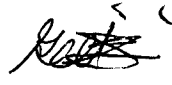
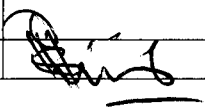
Budgetary Allocations for the Health Sector Votes FY 2021-22

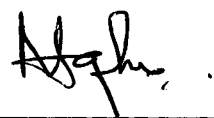
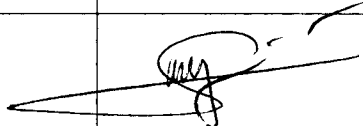

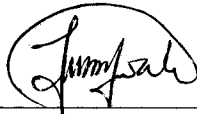
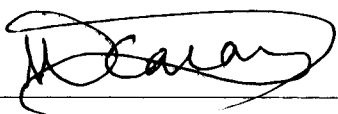
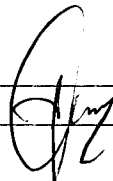
Vote	Description	Recurrent (000)	Dev't (000)
014	Ministry of Health	150,282,359	1,396,516,796
114	Uganda Cancer Institute	28,071,541	35,655,372
115	Uganda Heart Institute	17,486,229	6,320,444
116	National Medical Stores	507,042,988	6,047,258
127	Uganda Virus Research Institute	7,048,096	2,400,000
134	Health Service Commission	6,926,837	48,000
151	Uganda Blood Transfusion Service	21,764,928	1,122,000
401	Mulago Hospital Complex	65,714,956	2,082,000
402	Butabika Hospital	15,440,887	2,284,884
403	Arua Referral Hospital	8,929,167	2,180,000
404	Fort Portal Referral Hospital	10,262,024	200,000
405	Gulu Referral Hospital	13,846,852	990,000
406	Hoima Referral Hospital	9,553,779	1,270,000
407	Jinja Referral Hospital	17,423,324	200,000
408	Kabale Referral Hospital	7,752,513	1,120,000
409	Masaka Referral Hospital	9,428,984	2,580,000
410	Mbale Referral Hospital	16,227,876	3,817,000
411	Soroti Referral Hospital	8,541,092	1,270,000
412	Lira Referral Hospital	15,586,102	200,000
413	Mbarara Referral Hospital	14,950,125	1,670,000
414	Mubende Referral Hospital	8,512,493	600,000
415	Moroto Referral Hospital	9,577,031	200,000
416	Naguru Referral Hospital	10,758,857	200,000
417	Kiruddu Referral Hospital	22,012,611	1,500,000
418	Kawempe Referral Hospital	13,410,354	900,000
419	Entebbe Regional Referral Hospital	5,475,392	900,000
420	Mulago SW&N Hospital	22,702,542	1768000
421	Kayunga Referral Hospital	10,103,000	-
422	Yumbe Referral Hospital	3,906,000	-
Total		1,058,738,939	1,474,041,754

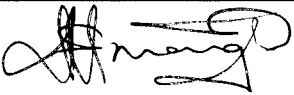
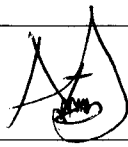
Rt. Honourable Speaker, Honourable Members, I beg to Submit.

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COMMITTEE ON HEALTH MEMBERSHIP-1ST SESSION OF THE 11TH
PARLIAMENT
ENDORSEMENT OF THE REPORT ON THE HEALTH SUB-PROGRAMME
MINISTERIAL POLICY STATEMENT AND BUDGET ESTIMATES FOR THE
FY2022/23

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2.	Hon. Ssebikaali Yoweri – Vice-chairperson	Ntwetwe County, Kyankwanzi district	
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25.	Hon. Dr Lulume Bayiga Michael	Buikwe South	
26.	Hon. Col. Dr Victoria Nekesa	UPDF	

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