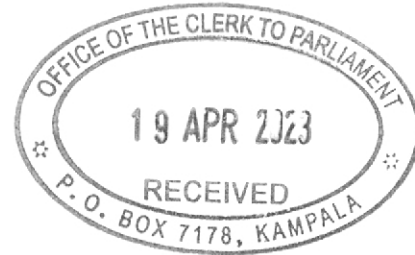


PARLIAMENT OF UGANDA



REPORT OF THE COMMITTEE ON HEALTH ON THE SECTORAL MINISTERIAL POLICY STATEMENT AND BUDGET ESTIMATES FOR FY 2023/24

APRIL, 2023

OFFICE OF THE CLERK TO PARLIAMENT
PARLIAMENT BUILDINGS
KAMPALA-UGANDA

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1. INTRODUCTION

On 14th March, 2023, the Ministerial Policy Statement (MPS) and Budget Estimates for the Health component of the Human Capital Development Programme for FY 2023/24 was laid before the House and referred to the Parliamentary Committee on Health for consideration in accordance with Section 13 (13) of the Public Finance Management Act, 2015 (Amended) and Rule 146 of the Rules of Procedure of Parliament.

Consequently, the Committee considered and reviewed the policy statement in accordance with Rules 149 and 189 of the Rules of Procedure and now begs to report.

1.1 Scope of the Health Sector

The Health Sector 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 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 (UBTS)
- Vote 401 Mulago National Referral Hospital
- Vote 402 Butabika National Referral Mental 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 Specialised Women and Neonatal Hospital
- Vote 421 Kayunga National Referral Hospital,
- Vote 422 Yumbe National 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. The Committee did not interact with Kampala Capital City Authority (KCCA) and Local Governments because they are handled by Committee on Presidential Affairs and Committee on Public Service and Local Government respectively.

Document Review

The Committee reviewed and made reference to the following documents:

- Health Sub-programme Ministerial Policy Statement and Budget Estimates for FY 2023/24;
- National Development Plan III;
- The Programme Implementation Action Plan for the Human Capital Development Programme (HCDP)
- Report of the Budget Committee on the NBFP FY 2023/24–2027/28 and Annual Budget Estimates FY 2023/24;
- The NBFP FY 2023/24 – 2027/28;
- Health Committee Report on the Ministerial Policy Statement and Budget Estimates for FY 2022/23;
- The Second Budget Call Circular for preparation of the Budget Framework Paper and Budget Strategy for FY 2023/24 and the medium term;
- The PFMA, 2015 (Amended);

- The Annual Budget Performance Report FY 2021/22;
- The Half Year Macroeconomic & Fiscal Performance Report FY 2022/23 and Semi-Annual Budget Performance Report FY 2022/23.

Field visits

During the Financial Year 2022/2023, the Committee undertook field visits to Eastern Uganda, Central Uganda, Western Uganda, Northern Uganda, West Nile and Island districts to assess the state of health service delivery. Findings from those visits informed scrutiny of the Ministerial Policy Statement and Budget Estimates.

1.3 Health Sub Programme Objectives

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

- To strengthen health sector governance, management and coordination for Universal Health Care.
- To strengthen human resources for health management and development.
- To increase access to nationally coordinated services for communicable and non-communicable diseases/conditions prevention and control.
- To strengthen disease surveillance, epidemic control and disaster preparedness 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 and logistics.
- To accelerate health research, innovation and technology development.

1.4 Linkage with National Development Plan III

The FY 2023/24 is the fourth year in the implementation of the third National Development Plan (NDP III). The goal of this plan is to increase household incomes and improve the quality of life of Ugandans. NDP III 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 to the NDP III objective 4 which is to *enhance the productivity and social wellbeing of the population*. It also *enhances value addition in key growth opportunities and strengthens private sector capacity to drive growth and create jobs*, among others.

Objective 4 of the NDP III emphasises the role of the four thematic areas of health, education and sports, water and gender towards increasing productivity, inclusiveness and wellbeing of the 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 Vision 2040.

1.5 Linkage with Sustainable Development Goals (Goal 3.0)

All health sector interventions when adequately funded have potential to address United Nations Sustainable Development Goal (SDGs) - Goal No. 3 for Health. SDG No. 3 aims at ensuring *healthy lives and promoting well-being for all at all ages*.

2. HEALTH SECTOR PERFORMANCE FOR FY 2022/23

2.1 Health Sector Half Year Financial Performance FY 2022/23

Table 1: Health Sector Half-Year Budget Performance FY 2022/23 (UGX, BN)

Institution	Approved	Release	Spent	%	%	%
				Budget Released	Budget Spent	Release Spent
MoH	1,583.948	783.498	690.742	49.8%	24.5%	49.3%
UAC	19.921	7.169	6.571	40.0%	36.7%	91.7%
UCI	63.929	30.598	28.873	47.9%	45.2%	94.4%
UHI	24.411	11.147	8.505	45.7%	34.8%	76.3%
NMS	513.090	255.537	251.779	49.8%	49.1%	98.5%
HSC	13.964	4.316	3.118	30.9%	22.3%	72.2%
UBTS	23.681	11.450	9.441	48.4%	39.9%	82.5%
Mulago	98.304	39.380	33.155	40.5%	33.7%	83.2%
Butabika	20.841	9.228	7.297	44.3%	35.0%	79.1%
Naguru	11.778	6.251	5.247	53.1%	44.5%	83.9%
Kiruddu	26.364	12.728	10.553	48.3%	40.0%	82.9%
Kawempe	16.635	7.802	7454	46.9%	44.8%	95.5%
Mulago SW & NH	26.368	14.874	11.718	56.4%	44.4%	78.8%
UVRI	10.132	4.376	2.702	43.2%	26.7%	61.7%
RRHs	231.223	117.464	89.26	50.8%	38.6%	76.0%
Total	2,682.608	1,321.265	864.288	49.25%	32.22%	65.41%

Source: Semi-Annual Budget Performance Report FY 2022/23& PBO computations

From the table above, of the total budget of UGX 2,682.61bn, a total of UGX 1,321.27bn was released representing 49.3 percent. Other than Uganda Aids Commission, Uganda Cancer Institute, National Medical Stores and Kawempe National Referral Hospital that recorded absorption levels of over 90 percent, other agencies and RRHs had absorption levels below 90 percent.

Vote 127 -Uganda Virus Research Institute and Vote 014-Ministry of Health had the lowest absorption levels at 61.7% and 49.3% respectively. The low absorption by the Ministry of Health arose from poor performance of external development due to delays in contracting caused by the lengthy procurement processes. UVRI reported that there were no releases in the first quarter of the financial year.

2.2 Half-Year Physical Achievements for FY 2022/23

As reported under the financial performance, the performance of the sub programme 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 were reported.

COVID-19 Pandemic

- i. Of the targeted 22 million persons, over 18.2 million Ugandans (equivalent to 77%) of persons above 18 years have received at least one dose of COVID-19 vaccines. Approximately 11,144,005 persons representing 51% are considered fully vaccinated and an additional 82,919 people have received booster doses. In addition, Ministry of Health secured vaccines to cover all children in the age group of 12-17, 30% of these children are in schools whereas 70% are in the community. However, the uptake has been slow.
- ii. Government scientists under the Ministry of Science and Technology undertook various innovations to avert the pandemic notably the invention of COVIDEX, research into the Covid-19 vaccine. Clinical trials for the Covid-19 drug using traditional and complementary ingredients are still on-going. Government continues to support the efforts of scientists.
- iii. The Ministry recruited and deployed 1,512 health workers to COVID-19 treatment centres to support the national response against the pandemic. All these health workers have been trained and have acquired skills in managing Intensive Care Units (ICUs) and High Dependency Units (HDUs).

Health Infrastructure Improvements

Construction works undertaken by the end of FY 2021/22 include:

- i. Border post health units of Vurra Point of Entry (POE) was at 65% and Cyanika POE at 58% completion.
- ii. Construction of Soroti Blood Bank was at 45% by the end of FY.
- iii. Eighty-one (81) maternity units under the Uganda Reproductive, Maternal and Child Health Improvement Project (URMCHIP) - completion is at 70%.
- iv. Construction of 6 HC IIIs, 31 maternity wards, 20 outpatient department (OPD) blocks, 5 operating theatres under Karamoja Infrastructure Development Project II (KIDP II).
- v. Rehabilitation of Gombe General Hospital and construction of staff houses in Kawolo and Busolwe General Hospitals.

- vi. Constructed, equipped and commissioned OPD blocks, Maternity, Theatres, Dental Units, Imaging Equipment for Lira, Gulu and Arua Regional Referral Hospitals.

Other Investments undertaken:

- i. Procurement of oxygen plants for all National and Regional Referral Hospitals during the Covid-19 pandemic. A total of 5,000 oxygen cylinders and 2,500 regulators were procured and distributed to hospitals across the country.
- ii. Two (2) liquid oxygen tanks were procured and installed (60,000 litres at Kajjansi NMS and 16,000 litres at Mulago). Additionally, 18 Pressure Swing Absorption Oxygen Plants were procured.
- iii. Distributed 282 pickups to all districts, cities, municipalities, and hospitals and 2 mobile TB clinics.
- iv. Procured and distributed 14,780 hospital beds in public facilities across the country. In addition, 5,000 beds, mattresses, blankets and pairs of bed sheets were provided to functionalize and equip the 250 upgraded HC IIs to HC IIIs.
- v. Procured and distributed 8 medical waste transportation trucks, 50 motorcycles to districts and 5 digital X-rays to 5 hospitals of Mityana, Kagadi, Rakai, Apac and Kyenjojo.
- vi. Procured a full VHT kit for over 80,000 VHTs in all districts of Uganda. The kit included gumboots, medical boxes, thermometers, masks, torches, bags, t-shirts, aprons, job aids, flip charts and HMIS tools.
- vii. Commissioned 12 boat ambulances for island districts.

2.3 Health Sub-programme budget implementation challenges

The Committee was informed that the Health sub programme faced the following challenges among others:

- a) Frequent disease outbreaks and public health emergencies e.g., malaria epidemic
- b) Low uptake for some critical interventions e.g., Covid-19 vaccination, Family Planning and Hepatitis B testing and vaccination due to misconceptions, misinformation, cultural differences, myths and stigma.
- c) Inadequate human resource for health at all levels compounded by failure to attract specialists, inadequate wage, recruitment and restructuring delays.
- d) Inadequate funding and supply of EMHS including blood, and laboratory supplies.

- e) Weak emergency medical services and referral system hence congestion of the referral hospitals with PHC outputs.
- f) Incomplete/slow implementation of projects due to slow procurement processes, delays payments of contractors and disbursing funds led to low absorption/slow burn rate, impacting overall project performance rating.
- g) Financing for the Health Sub Programme is largely external and off budget, with high out of pocket expenditure for health.

3. HEALTH SECTOR PROPOSED BUDGET OUTLOOK FOR FY 2023/24

3.1 Key Priorities for FY 2023/24

The Committee noted that the Health Sub programme will prioritize the following interventions during the FY 2023/24:

- a) Expanding community-level health promotion, education, and prevention services in all programs to reduce exposure to communicable and non-communicable conditions with targeted interventions in Local Governments with low coverage.
- b) Prevention and Control of Communicable Diseases: Scaling up malaria prevention shall be undertaken in the high burden regions. In addition, there will be focus on improvement in HIV/AIDS care and follow up to achieve the target of 95%, and increased awareness in the community and training of health workers for early detection and management of TB and leprosy given the recent manifestations and dangers posed by these diseases.
- c) Prevention and Control of Non-Communicable Diseases: Sensitisation on prevention of Respiratory Tract Infections (RTIs) especially in South Central, Kampala, North Central and West Nile Regions with the highest number of RTIs. Expansion of mental health services in the RRHs for management of alcohol and substance abuse is on course. Early detection, screening and management of Non-Communicable Diseases.
- d) Improving Health Service Delivery: Improving the quality of services at the Lower-Level Health Facilities to further decongest the referral hospitals from provision of Primary Health Care services.
- e) Improvement of Reproductive, Maternal, Neonatal, Child and Adolescent Health services.
- f) Support health systems improvement in health information management and use, research, and technology. Digitalising of hospital medical records for efficiency, performance management, improving accountability and reduction of medicine leakages. Conduct research and promote health innovations.

- g) Strengthen public-private partnerships in areas of reporting, financial access and investments in health.

3.2 Overall Health Sub Programme Budget FY 2023/24

Table 2: Overall Health Sector Budget Proposals FY 2023/24 (UGX, BN)

Category	2022/23	2023/24	Change	% change
Wage	288.80	336.96	48.16	16.7%
Non-wage	867.32	922.29	54.97	6.3%
Dom. Dev't	169.13	112.84	-56.29	-33.3%
Ext Dev't	1,353.82	1,125.13	-228.69	-16.9%
Total	2,679.07	2,497.22	-181.86	-6.8%

Source: Draft Annual Budget Estimates/ Ministerial Policy Statement FY 2023-24

** Excludes LGs & KCCA Health Grants, Arrears and AIA*

The total budget proposal for the health sub programme in FY 2023/24 is UGX 2,497.22bn. This is a decrease of UGX 181.86bn from UGX 2,679.07bn approved in FY 2022/23.

Other than Domestic and External Development, which is projected to decrease by UGX 56.29bn (33.3 percent) and UGX 228.69bn (16.9 percent) respectively, all other budget categories are projected to increase. The highest increase is projected under the wage budget category at UGX 48.16bn (16.7 percent). Despite the reduction in domestic development, there are several capital projects that have been started but are not yet completed (**Refer to Annex B**).

3.3 External financing category by project FY2023/24

Table 3: External financing category by project FY2023/24

Vote/ MDA	Programme/Project	FY2022/23 (UGX,BNs)	FY2023/24 Proposals (UGX,BNs)	Change	Reasons for variance
Ministry of Health	Strengthening Capacity of 14 RRHs in Uganda (DRIVE Project)	-	26.05	26.05	New project for equipping RRHs under funding from the Netherlands Government

Vote/ MDA	Programme/Project	FY2022/23 (UGX,BNs)	FY2023/24 Proposals (UGX,BNs)	Change	Reasons for variance
	Karamoja Infrastructure Development Project II	18.99	16.81	-2.18	Scope reducing under Italian Government support
	Rehabilitation and Construction of General Hospitals	8.48	20.31	11.83	Additional funds for construction of Bugiri General Hospital under BADEA
	Global Fund for TB, AIDS and Malaria	927.70	1,021.36	93.66	Increasing scope under HIV/AIDS, TB, and malaria
	GAVI	85.21	-	-85.21	Pending confirmation of resources
	Uganda Reproductive Maternal, Child Health Improvement Project	124.76	10.71	-114.05	Reduced scope due to ramping down of the project which closes soon.
	Uganda Covid 19 Response and Emergency Preparedness Project	168.39	36.41	-131.98	Reducing scope. Vaccines not provided for in FY 2023/24
Uganda Heart Institute	Construction and equipping of the UHI	-	6.42	6.42	New project for construction and equipping of UHI under BADEA, OPEC Fund for Development and Saudi Fund for Development.

Vote/ MDA	Programme/Project	FY2022/23 (UGX,BNs)	FY2023/24 Proposals (UGX,BNs)	Change	Reasons for variance
Uganda Cancer Institute	Uganda Cancer Institute	20.28	22.49	2.21	Old project exited. A new project will be commenced for skills development for higher medical and health sciences with funding from AfDB.
Mulago Hospital Complex	Improving the health care service delivery in Uganda through automation and service delivery	-	11.68	11.68	New project for health information management under Korea/Exim Bank.
Total		1,353.81	1,172.24	-181.57	

3.4 Vote Specific budgetary projections FY 2023/24

Table 4: Vote Specific Allocation (UGX, BN)

#	Vote/MDA/Institution	2022/23	2023/24	Change		Share
				Nominal	%	
1	014 Ministry of Health	1,583.95	1,234.87	-349.08	-22.0%	49.4%
2	107 UAC	17.92	16.60	-1.32	-7.4%	0.7%
3	114 UCI	63.88	86.35	22.48	35.2%	3.5%
4	115 UHI	23.34	57.39	34.05	145.9%	2.3%
5	116 NMS	513.09	587.69	74.60	14.5%	23.5%
6	134 HSC	13.96	12.00	-1.96	-14.1%	0.5%
7	151 UBTS	23.66	22.31	-1.35	-5.7%	0.9%

#	Vote/MDA/Institution	2022/23	2023/24	Change		Share
				Nominal	%	
8	401 Mulago Hosp. Complex	98.30	119.58	21.27	21.6%	4.8%
9	402 Butabika	20.84	22.72	1.88	9.0%	0.9%
10	416 Naguru NRH	11.74	13.43	1.70	14.5%	0.5%
11	417 Kiruddu NRH	26.36	27.43	1.07	4.1%	1.1%
12	418 Kawempe NRH	16.59	22.73	6.13	37.0%	0.9%
13	420 Mulago SW & NH	26.27	33.03	6.76	25.7%	1.3%
14	403 – 419 RRHs	229.04	233.23	4.19	1.8%	9.3%
15	304 UVRI	10.13	7.85	-2.28	-22.6%	0.3%
	Total	2,679.07	2,497.22	-366.99	-10.0%	100.0%

Source: Annual Budget estimates & MPS FY 2023/24

*** Excludes LG & KCCA Health Grants, Arrears and AIA**

Other than Ministry of Health, Uganda Aids Commission, Health Service Commission, Uganda Blood Transfusion Services and UVRI whose budgetary proposals are projected to decrease, all other Votes are projected to record a minimal budget increases in FY 2023-24. Vote 116 NMS is projected to record the highest increment of UGX 74.6bn (14.5 percent) followed by UHI of UGX 34.05bn (145.9 percent) and UCI of UGX 22.48bn (35.2 percent). The increase in budget allocation arises from the projected growth in the wage budget category for the respective votes as shown in Table 6. In addition, it arises from medicines and supplies for newly upgraded UGIFT health facilities and new projects to be undertaken.

3.5 Vote Specific Wage Proposals FY 2023/24

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

#	Vote/MDA/Institution	2022-23	2023-24	Change	
				Nominal	%
1	014 Ministry of Health	21.64	22.11	0.47	2.2%
2	107 UAC	4.96	4.96	-	0.0%
3	114 UCI	9.29	19.16	9.87	106.2%
4	115 UHI	6.61	6.87	0.25	3.8%
5	116 NMS	17.40	17.40	-	0.0%
6	134 HSC	2.43	2.45	0.01	0.6%
7	151 UBTS	6.09	6.59	0.50	8.1%
8	401 Mulago Hospital Complex	45.78	50.14	4.36	9.5%
9	402 Butabika	9.07	9.58	0.51	5.6%
10	416 Naguru NRH	10.09	10.73	0.63	6.3%
11	417 Kiruddu NRH	10.18	11.09	0.92	9.0%
12	418 Kawempe NFH	9.41	15.04	5.64	59.9%
13	420 Mulago SW & NH	11.11	16.10	4.99	44.9%
14	403 – 419 RRHs	122.51	142.38	19.87	16.2%
15	127 UVRI	2.22	2.36	0.14	6.2%
	Total*	288.80	336.96	48.16	16.7%

Source: Annual Budget estimates & MPS FY 2023/24

* Excludes LG & KCCA Health Grants

Wages for all Votes under the Health sub programme are projected to increase on average by 16.7% from UGX 288.8bn in FY 2022/23 to UGX 336.96bn in FY 2023/24.

The increase is attributed to salary enhancement of the existing staff and to cater for recruitment of additional human resources for health.

3.6 Changes between NBFP and MPS FY 2023-24

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

Vote No.	Vote/MDA	NBFP Proposals	MPS Proposals	Variance	Reasons for the variation
014	Health	1,245.29	1,234.87	-10.42	Additional funds for new projects like Drive (26Bn), Bugiri General Hospital (11Bn) and more NWR of 3Bn. Reduced funding for URMCHIP by 4Bn and KIDP(6Bn)
107	Uganda Aids Commission (Statutory)	16.6	16.60	0.00	
114	Uganda Cancer Institute	28.9	86.35	57.45	New Project /reinstatement of projects with contractual obligations (PET Centre) that were erroneously exited and expansion of oncology services
115	Uganda Heart Institute	25.94	57.39	31.45	New Project and operationalisation of new block at UHI
116	National Medical Stores	513.7	587.69	73.99	Medicines and supplies for upgraded UGIFT health centre IIIs
134	Health Service Commission	11.97	12.00	0.03	
151	Uganda Blood Transfusion Service (UBTS)	21.9	22.31	0.41	
401	Mulago Hospital Complex	93.4	119.58	26.18	New Project (Ugx. 11.681 from KOICA for Health Information Automation and Capacity Building in Infection Management).
402	Butabika Hospital	21.07	22.72	1.65	
416	Naguru NRH	11.78	13.43	1.65	
417	Kiruddu NRH	26.39		1.04	

Vote No.	Vote/MDA	NBFP Proposals	MPS Proposals	Variance	Reasons for the variation
			27.43		
418	Kawempe NRH	16.6	22.73	6.13	
420	Mulago SW &NH	26.77	33.03109	6.26	
127	Uganda Virus Research Institute	7.73	7.8471767	0.12	
403-422	Regional Referral Hospitals	206.09	233.23	27.14	
	Total	2,274.13	2,497.22	223.09	

*Source: Minister of Health submission to the Committee of Health
NB: Excl. LG Health, KCCA Health and Arrears.*

3.7 Health Sub Programme Priorities FY 2023-24 & Linkage with NDP III

Table 7: Health Sector Priorities & Linkage with NDPIII

Sub Programme Priorities FY2023/24	NDP III Programme Intervention aligned to
Expanding community-level health promotion, education, and prevention services in all programs to reduce exposure to communicable and non-communicable conditions risks with targeted interventions in Local Governments with low coverage. This will include fast-tracking amendment and implementation of the Public Health Act, evidence generation for the Community Health Extension Workers Policy and building capacity of governance structures at community level (CDOs, Parish Chiefs, and Village Health Teams) to adopt the multi-Health Sub Programme approach to health through the Parish Development Model	<p>Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.</p> <p>Promote physical health activities and behaviour change across all categories of the population.</p> <p><i>Handwritten signature: Muntwatha</i></p>
Prevention and Control of Communicable Diseases: Scale-up	Promote physical health activities and

Sub Programme Priorities FY2023/24	NDP III Programme Intervention aligned to
malaria prevention shall be undertaken in the high burden regions. In addition, there will be focus on improvement in HIV/AIDS care and follow up to achieve the target of 95% and Increased awareness in the community and training of health workers for early detection and management of TB and leprosy given the recent manifestations and dangers posed by these diseases.	behaviour change across all categories of the population. 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.
Prevention and Control of Non-Communicable Diseases: Sensitisation on prevention of RTIs especially in South Central, Kampala, North Central and West Nile Regions with the highest number of RTIs. Expansion of mental health services in the RRHs for management of alcohol and substance abuse is on course. Early detection, screening and management of Non-Communicable Diseases	Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma.
Improving Health Service Delivery: Improving the quality of services at the Lower-Level Health Facilities to further decongest the referral hospitals from provision of Primary Health Care services.	Promote physical health activities and behaviour change across all categories of the population.
Improvement of Reproductive, Maternal, Neonatal, Child and Adolescent Health services.	Improve maternal, adolescent and child health services at all levels of care
Support health systems improvement in health information management and use, research, and technology. Digitalising of hospital medical records for efficiency, performance management, improving accountability and reduction of medicine leakages.	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.

Sub Programme Priorities FY2023/24	NDP III Programme Intervention aligned to
Conduct research and promote health innovations.	

Source: MPS FY 2023/24 & NDPIII

3.8 Off-Budget Support

Table 8: Off-budget support for FY 2023/24

MDA	UGX (BN)
014 Ministry of Health	32.442
127: Uganda Virus Research Institute (UVRI)	18.730
404 Fort Portal Referral Hospital	0.750
409: Masaka Regional Referral Hospital	0.736
414: Mubende Regional Referral Hospital	0.668
415: Moroto Regional Referral Hospital	0.883
422: Yumbe Regional Referral Hospital	0.111
Total	54.318

Source: Health Sub-programme MPS FY 2023-24

The Committee noted that a total of UGX 54.318bn 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.

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). All MDAs under the Health Sub Programme passed except Uganda Virus Research Institute. Whereas all the MDAs' MPSs that passed the G & E assessment criteria (obtained a score above 50 percent), out of the 29 votes assessed, 17 recorded a decline in their G & E compliance levels.

Consequently, the overall compliance level was 61 percent slightly lower than 65 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	2023/24
14	Ministry of Health	72%	78%	65%	91%
116	National Medical Stores	67%	60%	62%	82%
401	Mulago National Referral Hospital	66%	66%	64%	77%
412	Lira Regional Referral Hospital	77%	78%	59%	73%
405	Gulu Regional Referral Hospital	63%	69%	64%	70%
403	Arua Regional Referral Hospital	64%	66%	63%	70%
402	Butabika National Referral Hospital	66%	67%	65%	68%
422	Yumbe Regional Referral Hospital			61%	68%
404	Fort Portal RRH	64%	64%	59%	68%
408	Kabale Regional Referral Hospital	70%	71%	72%	66%
416	Naguru National Referral Hospital	68%	70%	66%	66%
406	Hoima Regional Referral Hospital	60%	72%	64%	66%
114	Uganda Cancer Institute	68%	60%	62%	66%
411	Soroti Regional Referral Hospital	95%	96%	92%	64%
107	Uganda Aids Commission	62%	63%	60%	64%
115	Uganda Heart Institute	60%	60%	62%	61%

Vote	MDA	2020/21	2021/22	2022/23	2023/24
410	Mbale Regional Referral Hospital	66%	68%	62%	59%
418	Kawempe National Referral Hospital	67%	66%	69%	57%
415	Moroto Regional Referral Hospital	64%	66%	63%	57%
413	Mbarara Regional Referral Hospital	79%	80%	72%	55%
414	Mubende Regional Referral Hospital	67%	63%	63%	55%
134	Health Service Commission	70%	60%	63%	55%
417	Kiruddu National Referral Hospital	60%	60%	62%	55%
151	Uganda Blood Transfusion Service	55%	61%	61%	55%
407	Jinja Regional Referral Hospital	73%	74%	74%	52%
419	Entebbe Regional Referral Hospital	52%	69%	71%	52%
420	Mulago SW & N Hospital	70%	71%	64%	52%
409	Masaka Regional Referral Hospital	69%	61%	63%	50%
421	Kayunga Regional Referral Hospital			62%	50%
127	Uganda Virus Research Institute	54%	54%	66%	14%
	Average	67%	67%	65%	61%

Source: Certificate of G & E Compliance for MPSs FY 2023/2024

The Committee was informed that UVRI scored poorly in gender and equity compliance due to failure to disaggregate data submitted to the Equal Opportunities Commission. The data did not indicate number of males, female, children, elderly and disabled. UVRI also never indicated locations where the research was carried out. The other reason for the poor performance was that by the end of the second quarter of the Financial Year 2023/24, the vote never had substantial outputs funded by the Government. The vote reported planned activities that were undergoing a procurement process and activities that were implemented by partners.

5. UNFUNDED, UNDER-FUNDED PRIORITIES

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 2023/24 (UGX, BNs)

S/N	Un/underfunded priority	Funding gap	Justification
	Vote 014 -Ministry of Health		
1	Proposed Health Budget Cuts in FY 2023-24	75.40	Adequately provides for resources to facilitate provision of subventions to the affected services in order to avoid a likely crisis during budget implementation in the FY 2023-24.
2	Wage shortfall	40.78	Wage shortfalls for Ministry of Health (UGX1.43bn), Gulu (UGX1.7bn), Yumbe (UGX7.5bn), Lira (UGX1.2bn), Kiruddu (UGX8.18bn), Soroti (0.5bn), Kabale (UGX2.8bn), Kayunga (6bn),Entebbe(4.4bn), Mulago SW&NH(UGX1.4bn) and Kawempe (UGX5.66bn),

3	Funding to support renovation and equipping of hospitals	24.10	For Arua (orthopaedic ward and theatre UGX2.5bn, administration block UGX2.5bn, mortuary UGX0.3bn, imaging centre UGX0.5bn, staff house 4.1bn), Fort Portal (staff house 6bn), Kiruddu (waste treatment plant 0.3bn), Gulu (OPD and ward rehabilitation UGX 2bn), Lira (rehabilitation of buildings and infrastructure at UGX0.8bn) and Soroti (rehabilitation of buildings and infrastructure at 5bn).
4	Equipment procurement and maintenance	12.30	To operationalise the regional workshops at Naguru (0.9bn), Mbarara (UGX 0.3bn), Lira (UGX 0.3bn), Kiruddu (UGX 0.4bn), Entebbe (0.6bn), Kabale (UGX 2.5bn), Arua (UGX 2bn), Kayunga (0.3bn) and Soroti (UGX 5bn-including procurement of Digital X-ray, HD vehicle, medical equipment, CT scan).
5	Funds required for a phased establishment of the National Ambulance Service System.	12.80	Phased establishment of the National Ambulance Service System.
6	Funding for provision of primary health care services	7.70	To cater for newly-upgraded HC IIIIs, HC IVs and General Hospitals.
7	Inadequate funding for Uganda Red Cross	4.82	To be able to execute emergency medical services and disease outbreak responses.
	Health Service Commission		
8	Lack of budgetary provision for e-recruitment scale up system	0.50	For roll out of the e- recruitment system
9	Procurement of vehicles	0.62	For support supervision of districts, cities and regional referral hospitals
	Vote 127 UVRI		
10	Budget cuts	2.40	For construction of staff houses
	Funds to pay off squatters on Kamwanyi land	10.00	To pay the squatters and secure the land
	Vote 115- Uganda Heart Institute		
11	Catheterisation laboratory	7.51	Purchase of equipment for the laboratory for patient critical diagnostic services

	Vote 114 -Uganda Cancer Institute		
12	Upgrading radiotherapy services and establishment of Positron Emission Tomography (PET) Centre	50.00	
13	Funding for wage, EMHS and setting up of regional centres	28.10	Be provided for: medicines and sundries (UGX 5 billion), wage shortfall for the regional centre in Gulu (UGX 3.1 billion), bone marrow transplant facility (UGX 15 billion) and non-wage for the regional centre (UGX 5 billion)
	Vote 116-National Medical Stores		
14	Inadequate for essential medicines and health supplies	87.00	To boost supplies of emergency medicines and health supplies
15	procurement of a kit of glucometers, BP machines and thermometer	4.50	For 3,000 health facilities across the country.
16	Essential medicines and supplies for the General Military Hospital	2.90	To provide the required medical care as a regional referral hospital.
	UBTS		
17	To procure 6 field blood collection and distribution vehicles	1.87	55 vehicles out of the total fleet of 63 vehicles have exceeded the recommended 5 years' useful life, and their mileage above the recommended 250,000km
18	Inadequate budget for blood collection and processing commodities	10.00	Funds for: (1) Mobilization, recruitment and retention of blood donors; (2) Extended camping in communities (3) Blood donation campaigns/collaborations with institutions (4) Special meals and donor awards.
19	To procure 6 Centrifuges @ 400 million for blood processing for 6 Regional Blood Banks to procure assorted blood collection and IT equipment at UGX 600m	2.40	Centrifuges are critical for preparation of blood components. It ensures that patients get the right prescribed treatment hence minimizes wastage of blood

20	Staff recruitment	1.30	UBTS staff establishment is 424 positions of which only 296 posts are filled. The vacant posts were cleared for recruitment by the Ministry of Public Service. However due to insufficient wage we have not been able to recruit
21	The 11th International Congress of the African Society for Blood Transfusion (AfSBT)	5.56	For preparation and hosting the 11th Congress in March 2024. Government of Uganda (MOH & UBT) has committed to host the Congress in writing to the Board of Directors of AfSBT.
	Vote 416-Naguru RRH		
22	Insufficient Budget for non-wage	5.00	To improve the operational activities
23	overhaul of plumbing system	1.00	
	Vote 401- Mulago National Referral Hospital		
24	Funding for specialised emergency medicines and health supplies	18.00	
25	Commencement of kidney transplant services	1.50	For Mulago to start kidney transplant services
26	Servicing and Maintenance of Equipment & Machinery	7.00	Maintenance of Machinery & Equipment, Other than Transport Equipment, including: Imaging, ICU, Lab, Theatre, Dialysis, etc.
	Additional funding for electricity bills	4.00	Clear outstanding arrears (UGX 3bn) and procurement and installation of solar system(UGX 1 bn)
27	Construction of Staff Housing Units	8.50	Expedite completion of 150 housing units for critical staff.
28	Completion of renovation works of Mulago specialised hospital complex	25.50	To enable Mulago operate as a super specialised hospital
	Vote 402-Butabika NRH		
29	Funding for medicines and medical supplies	1.00	To bridge the funding gap for medicines and laboratory reagents
30	Funding for uniforms and beddings	1.00	For easy identification of the mentally ill
31	Insufficient budget for food	1.00	Due to Increase in prices of

32	Funds for completion of perimeter wall fence	2.50	For control and securing the mentally ill
	Vote 420-Mulago S W & NH		
33	Funds to purchase two LEEP machine	0.18	Machine for early for early detection and treatment of cervix cancer
	Vote 403- 422 Regional Referral Hospitals		
34	Understaffing of regional Referral hospitals	30.00	To cater for critical staff (Senior consultants, Consultants and Medical Officer Special Grade) for 16 regional referral hospitals.
35	Incomplete structures in various regional referral hospitals	29.81	UGX 3bn provided to Gulu RRH to complete the 54-unit staff housing block, UGX 500 million to Masaka RRH to complete remodelling of the ICU, UGX 12 billion to Mbale RRH for continuation of construction of the surgical complex, UGX 1 billion for Jinja RRH for renovation of staff houses and interns hostel, UGX 4.5 billion for Arua to complete 7-storey staff structure, UGX 4 billion for Fort Portal for staff houses, UGX 0.8 billion for rehabilitation of buildings in Lira, UGX 4 billion for Mbarara staff houses.
	Vote 417-Kiruddu NRH		
36	In adequate funding for Burns and surgery unit	1.00	The patients under these two specialities require a lot of specialized medicines, sundries, nutrition support and intensive nursing care.
37	Funds for essential medicines and supplies	1.00	Critical and essential consumables and medical sundries for Burns and Plastic Surgery.
38	Purchase of land	5.00	For expansion of hospital services, acquire land and construct staff quarters to increase services provision
39	Decentralisation of dialysis services	4.00	Dialysis services operationalised in Mbarara, Lira and Hoima
4	Solar Installation project	0.40	To provide lighting system, reduce by 40% costs of power, reduce cost of fuel, conserve the Environment
	418-Kawempe NRH		
40	Overhaul of plumbing system and re-modelling of the Hospital Structures	1.00	

41	In adequate budget for essential medicines and health supplies	1.00	
42	Extension of medical gases to all wards	0.42	
43	Land acquisition for Hospital Expansion & Staff Housing	10.00	Land for expansion
	Total	552.37	

Source: MPS FY 2023/24 and Submissions by the Accounting Officers

6. COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

VOTE 014 MINISTRY OF HEALTH

6.1 Proposed Health Budget Cuts in FY 2023-24

Table 11: Health Budget cuts in UGX Bn

Category	FY2022/23	FY2023/24	Change	% change
Wage	288.80	336.96	48.16	16.7%
Non-wage	867.32	922.29	54.97	6.3%
Dom De'vt	169.13	112.84	-56.29	-33.3%
Ext Dev't	1,353.82	1,125.13	-228.69	-16.9
Total	2,679.07	2,497.22	-181.86	-6.8%

Source: MPS FY 2023/24 and Submissions by the Accounting Officers

The Committee observed that the budget for the health sub-programmes is projected to decline from UGX 2,679.82 bn (excluding KCCA, LGs & Arrears) approved in FY 2022-23 to UGX 2,497.22 bn (excl. KCCA and Arrears) in FY 2023-24.

This is a decrease of UGX 181.86bn (6.8%). Whereas the wage bill and non-wage budget categories are projected to increase by UGX 48.16 billion and UGX 54.97 bn respectively, domestic and external development categories are projected to reduce by UGX 56.29 bn and UGX 228.69 bn respectively. The Committee noted that whereas the cuts under GoU development category have

been driven by one-off expenditures in various sub-programmes, if not retained, it is likely to further worsen the underfunding challenges already being experienced.

The Committee was informed that the development budget under Regional Referral Hospitals is projected to reduce by UGX 23.8 billion yet a number of the RRHs have infrastructure challenges ranging from inadequate staff accommodation to dilapidated structures. In addition, the proposed cuts under the non-wage category by UGX 75.6bn are largely affecting subventions towards Private Not for Profit (PNFP) supply of commodities, blood collection by Uganda Red Cross, Medical Interns, Senior House Officers and support to Hospitals and Local Governments. **(Annex A).**

The Committee recommends that Parliament reverses the proposed cuts under non-wage amounting to UGX 75.4bn and adequately provides for resources to facilitate provision of subventions to the affected services in order to avoid a likely crisis during budget implementation in the FY 2023-24.

6.2 Inadequate Budget Provision for Wage Requirements

The Committee was informed that whereas an additional UGX 48.16 bn has been provided for as additional wage over and above this FY22/23 budget of UGX 288.8 bn to the proposed UGX 336.96 bn in FY2023/24, there is already a shortfall in wage amounting to UGX 40.78 bn distributed as follows: MoH (UGX 1.43bn), Gulu (UGX 1.7bn), Yumbe (UGX 7.5bn), Lira (UGX 1.2bn), Kiruddu (UGX 8.18bn), Soroti (UGX 0.5bn), Kabale (UGX 2.8bn), Kayunga (UGX 6.0bn), Entebbe (UGX 4.4bn), Mulago Specialised Women and Neonatal Hospital (UGX 1.41 bn), and Kawempe (UGX 5.66bn). Resulting from the wage constraints, many hospitals have remained understaffed especially the newly elevated hospitals shown in Table 12 below. Failure to provide for this shortfall will continue to constrain health service delivery across all levels due to understaffing.

Table 12: Staffing levels for newly elevated hospitals

Health Facility			% Filled	Required UGX Bn	Justification
Entebbe Hospital	Regional	Referral	28.0%	4.40	To increase staffing level to 65%
Kayunga Hospital	Regional	Referral	24.7%	6.00	To increase staffing level to 54.7%
Yumbe Hospital	Regional	Referral	23.4%	7.50	To increase staffing level to 70%
Kawempe Hospital	National	Referral	33.0%	5.66	To increase staffing level to 70%
Kiruddu Hospital	National	Referral	35.3%	8.18	To increase staffing level to 65%

Source: Health Sub-programme MPs & NBFP FY 2023/24

The Committee recommends that UGX 40.78 billion required to provide for the wage shortfalls in MoH, Gulu, Yumbe, Lira, Kiruddu, Soroti, Kabale, Kayunga, Kawempe, Entebbe and Naguru should be prioritized in FY 2023-24 to avoid disruptions arising from a possible supplementary for these foreseeable wage shortfalls.

6.3 Inadequate funding for Regional Equipment Maintenance Workshops

The Committee noted that a number of critical diagnostic equipment procured by Government continue to remain non-functional arising out of minor faults that would otherwise be repaired and serviced through the regional equipment maintenance workshops. Regional workshops have remained largely non-functional due to inadequate funding and retooling. The available budgetary provisions cannot support procurement of the required service equipment to facilitate proper repairs and service maintenance works. Whereas in FY 2022-23 Parliament was informed that UGX 15bn was required to fully functionalise regional workshops, only UGX 5.7bn was provided (of which UGX 3bn was approved under Mulago NRRH) in the FY 2022/23 for this purpose, leaving a funding gap of UGX 12.3bn needed to operationalise the regional workshop at Naguru (UGX 0.9bn) Entebbe (UGX 0.6bn), Mbarara (UGX 0.3bn), Lira (UGX 0.3bn), Kiruddu (UGX 0.4bn), Kabale (UGX 2.5bn), Arua (UGX 2bn), Kayunga

(UGX 0.3bn), Soroti (UGX 5bn incl. procurement of digital x-ray, HD vehicle, medical equipment, CT scan).

The Committee reiterates its earlier recommendation that UGX 12.3 billion required to fully functionalize regional equipment maintenance workshops should be provided in a phased manner starting with UGX 6 billion in FY 2023-24 to support this critical intervention.

6.4 Inadequate Funding to Support Renovation & Equipping of Hospitals

The Committee supports Government efforts to renovate and rehabilitate Hospitals and Health facilities in dilapidated state across the country on a case by case basis. This is in addition to the on-going exercise of upgrading of HC IIs to HC IIIs and HC IIIs to HC IVs in line with Government policy of a HC IV and HC III per constituency and Sub-county respectively.

The Committee was informed UGX 24.1bn is required to undertake construction and rehabilitation of the Regional Referral Hospitals for Arua (orthopaedic ward and theatre UGX 2.5bn, administration block UGX 2.5bn, mortuary UGX 0.3bn, imaging centre UGX 0.5bn, staff house UGX 4.1bn), Fort Portal (staff house UGX 6bn), Kiruddu (waste treatment plant UGX 0.3bn), Gulu (OPD and ward rehabilitation UGX 2bn), Lira (rehabilitation of buildings UGX 0.8 bn), and Soroti (rehabilitation of buildings and infrastructure at UGX 5bn).

During its oversight visits, the Committee observed that many HC IIIs and IVs were in a dilapidated state while some areas did not have HC IIIs and HC IVs. This situation affects health service delivery like maternal and child health services, emergency services and primary health care.

The Committee recommends that:

- (i) An additional UGX 24.1 billion should be provided in FY 2023-24 to ensure that the renovation and equipping of hospitals and health facilities is fast-tracked as a means of de-congesting regional and national referral hospitals to enable them provide the much needed specialized health care.***
- (ii) An additional UGX 30 billion be provided for the upgrade of HC IIIs to HC IVs, HC IIs to HC IIIs and renovation of existing ones.***

6.5 Non-functional Ambulance System

Whereas Parliament had recommended that additional funding of UGX 73.05 billion be provided in the FY2022-23 for funding the national ambulance system (UGX 31.6 billion for 109 Type B ambulances, UGX 6.7 for operationalisation of regional call centres, UGX 7 billion for staffing, UGX 15 billion for operational costs for road ambulances, UGX 10 billion for marine ambulances, UGX 2 billion for operational costs for the call centre, UGX 0.75 billion for 50 paramedic motorbikes), no funds were provided.

The Committee reiterates its earlier recommendation that UGX 73.05 bn be provided for operationalisation of the national ambulance system in a phased manner, starting with UGX 12.8 bn in the FY2023-24.

6.6 Under-funding for provision of Primary Health Care services

Whereas the health sub-programme aims at migrating the population from a predominantly curative healthcare system to a preventive health care promoting system, the Committee was informed that there is a shortfall in operation funds for PHC services amounting to UGX 7.7bn in the FY2023-24 required to cater for newly-upgraded HC IIIs, HC IVs and General Hospitals. If these funds are not availed, Government will continue spending huge sums on preventable diseases amidst budget constraints.

The Committee recommends that the funding gap of UGX 7.7 bn should be provided to support the provision of primary health care services under the newly-upgraded health facilities and general hospitals as a means of cutting back on health per capita expenditure.

6.7 Lack of critical human resources for health

The Committee noted that most of the RRHs lacked key human resources for health especially specialist cadres such as senior consultants, consultants and Medical Officers (special grade). Whereas the existing vacancies for the specialised cadres have been advertised, recruitment has been hampered by wage bill limitations and other incentives like housing at station. The situation has been compounded by the newly approved staffing structure which has increased the staffing norms that have taken into account the current population levels.

The Committee recommends that:

- (i) **Government should continue with its efforts of building the stock of houses for health workers' accommodation at all health facility levels, including accommodation for specialised cadres.**
- (ii) **Government should ensure that adequate financing is provided to fill the vacant positions in all health facilities in a phased manner beginning with those with less than 50% staffing levels at least to a minimum of 70 percent based on the current (old) staffing norms.**

6.8 Inadequate funding for Uganda Red Cross

The Uganda Red Cross (URC) supports the Ministry of Health in emergency medical services, disease outbreak responses and blood donor mobilization. In the FY2023-2024, UGX 1.2 billion was provided to URC for blood donor mobilization and emergency medical services and disease outbreak response strategy.

The Committee was informed that UGX 6.02 bn is required leaving a funding shortfall of UGX 4.82 billion to URC to be able to carry out emergency medical services and disease outbreak response arising from a budget cut across the non-wage subvention provisions by 80% under Vote 014 Ministry of Health in FY 2023-24.

The Committee recommends that an additional UGX 4.82 billion be provided to URC to be able to execute emergency medical services and disease outbreak responses.

VOTE 134: HEALTH SERVICE COMMISSION

6.9 Lack of budgetary provision for scaling up e-recruitment system

The Committee observed that the number of applicants for some cadres of health workers has been increasing over time to unmanageable levels, rendering the recruitment exercise cumbersome and costly. In order to mitigate this challenge, the Health Service Commission plans to set up regional hubs for the e-recruitment system at a cost of UGX 500 million in financial year 2023/2024.

The Committee reiterates its earlier recommendation that UGX 500 million be provided to the Health Service Commission to roll out the e-recruitment system countrywide.

Inadequate transport means for support supervision

The Committee was informed that the Health Service Commission's fleet of vehicles has aged and this has affected its ability to execute activities like support supervision of district, cities and RRHs

The Committee observed that vehicles which are more than five (5) years are expensive to maintain and delay timely delivery of services to the districts by the Commission.

The Committee reiterates its earlier recommendation that UGX 1.23 billion be provided in a phased manner to the Health Service Commission starting with UGX 0.62 billion in the Financial Year 2023/24 to procure the vehicles.

VOTE 127: UGANDA VIRUS RESEARCH INSTITUTE (UVRI)

6.10 Persistent budget cuts

The Committee was informed that the budget for Uganda Virus Research Institute has been reducing for two consecutive financial years. In the FY 2022/23, it was cut to UGX 10 billion from UGX 15 billion the previous financial year. In the FY, it is going to be cut further to UGX 7.4 billion.

The Committee observed that

- i. The budget cuts are effected against an institution whose operation costs are high.*
- ii. UVRI is the only institution which is responsible for disease surveillance in the country and currently, there are many emerging and re-emerging public health threats.*

The Committee recommends that UGX 2.4 billion be provided to UVRI to continue with construction of staff houses.

6.11 High utility costs

The Committee observed that Uganda Virus Research Institute pays for power bills to a tune of UGX 1 billion while water bills cost UGX 100 million annually. The high power bills are due to the hi-tech research equipment used at the institution which consumes a lot of power.

The Committee recommends that Uganda Virus Research Institute should
i) Install solar power systems to provide power for some selected activities at UVRI with a view of reducing the high power bills.

ii) Start rain water harvesting in the FY2024/25 and drill a motorized borehole.

6.12 Lack of funds to pay off squatters at Kamwanyi land

The Committee was informed that Uganda Virus Research Institute has five (5) acres of land at Kamwanyi in Entebbe, but it has been encroached on by squatters who have made it impossible to implement any development activity on the land. UVRI needs UGX 10 billion to pay off the squatters.

The Committee observed that if the squatters are not paid on time, there is a possibility of the value of compensation increasing and a risk of further encroachment.

The Committee recommends that UGX 10 billion be provided to Uganda Virus Research Institute to pay off the squatters and secure the land for the much-needed development.

VOTE 115: UGANDA HEART INSTITUTE

6.13 Delayed commencement of works at Nakawa-Naguru land

The Committee was informed that the project for establishment of a cardiac centre of excellence at Nakawa-Naguru has three (3) funders namely: Arab Bank for Development (BADEA), Saudi Fund for Development (SFD) and OPEC Fund for development. The total project cost is USD 70 million. GOU has met all the legal and financial requirements and has drafted a loan agreement. OPEC fund has signed the loan agreement and made available funds amounting to USD 20 million. BADEA (USD 20M) and SFD (USD 30M) are yet to conclude signing of the loan agreement.

The ground breaking ceremony has been planned for January, 2024 and the project is supposed to last for 3 years.

The Committee recommends that the Ministry of Finance, Planning and Economic Development should fast track processing of the loan.

6.14 Catheterisation laboratory

The Committee was informed that the catheterisation laboratory at Uganda Heart Institute which has been in use for thirteen (13) years has exceeded its

recommended lifespan by three (3) years. The laboratory is out of warranty and spare parts.

The Committee observed that equipment in the catheterisation laboratory has been able to serve beyond 10 years because it has been well-maintained. However, since its lifespan has expired, it can break down any time and deny patients critical diagnostic services yet there is no alternative in the country.

The Committee reiterates its earlier recommendation that UGX 7.512 billion (US\$ 2 million) be provided for purchase of equipment for the Catheterisation laboratory.

6.15 Need for health promotion and disease prevention strategy

The Committee observed that many cardiac diseases are some of the most prevalent NCDs but can be prevented if detected early and the public is aware of lifestyle choices which lead to heart-related diseases.

The Committee recommends that Uganda Heart Institute develops a health promotion and disease prevention strategy for the country which can guide other Ministries, Departments and Agencies to develop institution-specific strategies aimed at early detection and prevention/reduction of cardiac diseases at the workplace.

VOTE 114: UGANDA CANCER INSTITUTE

The World Health Organisation estimates that annually, the global cancer incidence is 1,918,030 cases which translates into 5,250 new cases every day. About 35,000 new cancer cases are registered in Uganda annually with approximately 25,600 deaths annually.

6.16 Establishment of Positron Emission Tomography (PET) Centre

This multipurpose machine is primarily used for the early detection and spread of cancers (metastases) but also detection of Alzheimers disease, sclerosis and localizing seizures in epilepsy. It's a costly set up in terms of initial cost and maintenance. The burden of cancer in the country is growing and the amount of outflow of resources due to patient seeking PET-Services is also growing and those who can't afford have a poor treatment outcome.

The total cost of the PET project being undertaken by UCI is estimated at UGX 350,661,582,006.03 and is to be funded in three phases over 4 years. The first two phases were scheduled to be completed by June, 2024 and contracts worth UGX 251, 635,441, 206.04 were signed. Only UGX 65,000,000,000 was provided leaving a deficit of UGX 285,661,582,006.03.

The PET Centre designs are ready and construction has commenced. However, the Institute has not received any funding in the current financial year 2022/23 towards the project. This has led to delay in progress with certificates and invoices amounting to UGX 92,693,234,520 before the end FY 2022/23.

In order to complete the project, a final UGX 99,026,140,799.99 will be needed for FY 2024/25.

Business case of investing in a PET centre

The Committee was informed that if the PET Centre is established and radiotherapy services upgraded, the country can reduce referrals abroad which cost Ugandans UGX 300 billion. It is important to note that 15% of patients seeking cancer services at UCI are foreigners. The two scanners that will be installed will have an optimal work rate of 15 patients each scanner per day meaning the two can scan 30 patients in total per day. The outside of Uganda PET scan rates are USD 1000 to 2000 per scan. If UCI were to subsidize at USD 500, this would translate into 30 patients per day x \$500 x 320 days= \$4,800,000. This is in addition to the other revenue streams from the different oncology services offered by the PET centre and UCI. Those who can't afford would benefit from a waiving system.

The Committee observed that UGX 50billion has been allocated to offset part of the arrears for construction.

The committee recommends that UGX 50 billion be provided in the next Financial Year for continuation of construction of the PET Centre.

6.17 Inadequate funding for wage, cancer medicines and operationalization of Gulu regional cancer centres.

The Uganda Cancer Institute is earmarked to become a regional centre of excellence in terms of cancer management. This includes prevention, screening, diagnosis, chemotherapy, radiotherapy and surgery. UCI has a wage

shortfall of UGX 6 billion and this has stifled recruitment of staff on a permanent basis.

As part of UCIs decentralisation strategy, a regional centre was built in northern Uganda and is awaiting commissioning and hand over. However, there are no funds to operationalize it. A total of UGX 5 billion for non-wage recurrent and UGX 3.1 billion for wage is required.

UCI also reported inadequate funds for procurement of medicines. While the budget requirement for medicines and sundries is UGX 52 billion (essential and oncology medicines), the budget allocation for FY2023-2024 is UGX 10 billion, leaving a funding gap of UGX 42 billion.

In the FY2021-2022, an HVAC system and two (2) apheresis machines for the bone marrow transplant facility were procured. This is important for patients who have suppressed bone marrows due to cancer, sickle cell disease etc. A total of UGX 15 billion is required to functionalise a bone marrow transplant facility.

The Committee recommends that total of UGX 28.1 billion be provided for: medicines and sundries (UGX 5 billion), wage shortfall for the regional cancer centre in Gulu (UGX 3.1 billion), bone marrow transplant facility (UGX 15 billion) and non-wage for the regional centre (UGX 5 billion) for FY 2023-2024

VOTE 116 NATIONAL MEDICAL STORES (NMS)

6.18 Inadequate Funding for Essential Medicines and Health Supplies

The Committee observed that there is persistent under-funding to National Medical Stores (NMS) for provision of essential medicines and health supplies (EMHS). NMS needs UGX 780.88 billion to provide adequate amounts of Essential Medicines and supplies (EMHS) to public health facilities across the country. And additional UGX 74 billion was through a supplementary funding to facilities upgraded under UGIFT and URMCHIP (UGX 24bn) and commitment by Government to procure ARVs (UGX 50bn) to replace exit donor funding.

The Committee was informed that National Medical Stores has a funding gap of UGX 262.99 billion for provision of Essential Medicines and Health Supplies (EMHS) and payment of salaries to staff. Table 13 below shows the funding gap for NMS.

Table 13: Funding gap for NMS (Bn Shs)

Facility/ Commodity/ Item	Need	Allocated	Funding gap	Justification	Committee recommends additional
HC IIs	27.34	15.16	12.18	Funding gap- basic kit	2bn
HC IIIs	58.81	47.68	11.12	Upgrading HC IIs to HC IIIs	3bn
HC IVs	34.33	22.43	11.90	Upgraded facilities and increased need	5bn
General Hospitals	43.55	22.53	21.02	Upgraded facilities	5bn
Regional Referral Hospitals	32.10	22.18	9.92	Increased need	17bn (1bn for @ RRH)
National Referral Hospitals	32.25	24.36	7.89	To provide highly specialised services	10bn (Mulago 3bn, MSWNH 2bn,Kiruddu&Kawempe 2bn@ & Butabika 1bn)
Specialist units & non- communicable diseases	76.65	44.10	32.54	28.2 for increased need for blood collection (UBTS) and highly specialised services at UHI (4.4b)	10bn
Emergencies and donated supplies	15.36	7.50	7.86	Increased need for nutritional supplements	
Reproductive items and supplies	59.72	27.00	32.72	More coverage for maternal services	5bn
Immunisation supplies	33.96	29.00	4.96	More coverage for immunisation services	
Lab commodities	105.38	63.00	42.38	Attain more coverage for test and treat policy	10bn
ARVs	200.89	200.89	-	Supplemented by	

				development partners	
Anti-malarials (ACTs)	40.27	5.11	35.16	Increased need	20bn
TB medicines	20.25	7.00	13.25	Increased need	
Salaries	20.07	17.40	2.67	Additional resources	
TOTAL	780.88	555.37	262.99		87 billion

Source: NMS presentation of MPS

Out of UGX 780.88 billion needed in the next financial year, NMS is projected to receive UGX 555.37 billion, leaving a funding gap of UGX 262.99 billion.

This situation is worrying given that donors are reducing support towards the supply of anti-malarials, TB medicines, laboratory commodities and immunization supplies, among others.

The Committee observed that most health facilities lack requisite basic diagnostic equipment for detecting non-communicable diseases (NCDs) and mainly rely on clinical presentation and history of the patient. The situation is worse in HCIIIs, HCIIIIs and HCIVs. Consequently, patients who should have been managed at lower level facilities get referred to hospitals for flimsy reasons like “blood sugar or blood pressure monitoring and further management” hence congesting the referral hospitals.

The Committee was further informed that the General Military Hospital (GMS) has a budgetary shortfall amounting to UGX 2.9 billion for medicines and health supplies next FY. This hospital located in Bombo in Luweero district operates at the level of a referral hospital with patients from Kampala, Wakiso, greater Luweero and greater Mubende districts. This gap will affect availability of medicines and supplies required for critical care and attainment of health outcomes as per the NDP III.

The committee was informed that one of the major causes of stock outs of EMHS is interruption in the supply chain caused by the untimely deliveries due to delays in release of operational funds to NMS.

The Committee recommends that;

- (i) An additional UGX 87 billion be allocated to the National Medical Stores to enable the entity boost supplies of EMHS in the following order: laboratory reagents, ARVs, anti-malarials, TB medicines, immunization supplies, specialist units and NCDs,**

lower level health facilities, RRHs, NRHs and reproductive health commodities.

- (ii) National Medical Stores should be given an additional UGX 4.5Bn for procurement of a kit of glucometers, BP machines and thermometer for 3,000 health facilities across the country. Each facility is expected to receive 3 kits.**
- (iii) An additional UGX 2.9 billion be provided to the General Military Hospital (GMS) to enable it provide the required medical care as a regional referral hospital.**
- (iv) The Committee agrees to the proposal by the Inter-Ministerial Committee chaired by the Prime-Minister to review challenges in medicines delivery; that the budget for operational activities (7%) be put in an NMS account in Bank of Uganda to be able to have uninterrupted operations of the supply chain as opposed to the IFMIS.**

VOTE 151 UGANDA BLOOD TRANSFUSION SERVICES (UBTS)

UBTS collects blood through a network of blood banks and blood collection centres across the country. According to the World Health Organization (WHO) guidelines, a country is considered self-sufficient of safe blood if it can collect blood to the tune of 1% of its population. This means Uganda with a population of 45.7 million people (UBOS estimate, 2020) would need 457,000 units of blood. With a refugee population of 1.6million, the demand will go up to 473,000 units. In FY2023/24, UBTS passed its 3 quarter target by 20,192 units of blood hence reagents for Q4 were front loaded to Q3. This has created a funding gap of UGX 9.4 billion.

6.19 Inadequate budget for blood collection and processing commodities

The Committee was informed that Uganda Blood Transfusion Services' budget allocation to NMS for FY23/24 to procure blood collection reagents and related commodities is UGX 40 billion for processing 360,000 units of blood and another UGX 23 billion for wage and operational costs totalling to UGX 63 billion. If UBTS were to collect the optimal 473,000 units of blood at a rate of 81 USD per unit, it would require funding to the tune of UGX 141.9 billion.

The Committee observed that

- The UBTS target of 360,000 units of blood is below the World Health Organisation's recommended target of 1% of the population of any country. This means a shortfall of 100,000 units of blood annually
- The budgetary allocation of UGX 63 billion (supplies and operational costs) for collection of 360,000 units of blood is insufficient given the fact that the cost of collecting, processing and issuing 1 unit of blood is US\$ 81. This would translate into approximately UGX 109.350 billion meaning a shortfall of UGX 46 billion.

The Committee recommends that an increment of UGX 10 billion be allocated NMS to for commodities for UBTS in order to increase blood collection.

6.20 Lack of funds for procurement of Centrifuges

The Committee observed that Uganda Blood Transfusion Services has a funding gap of UGX 2.4 billion for purchase of centrifuges for six (6) regional blood banks. The centrifuges are specialized equipment for the processing of collected blood.

The Committee recommends that UGX 2.4 billion be provided to facilitate the procurement of centrifuges for the six (6) regional blood banks in FY 2023/24.

6.21 African Society for Blood Transfusion Congress

The Committee observed that although Uganda committed to hosting the 11th International Congress of the African Society of Blood Transfusion slated for 1st to 4th March, 2024; a total of UGX 5.56 bn required to facilitate this activity has not been provided. The country will benefit from the congress by participating in scientific research write-ups, medical research and knowledge exchange and the associated multiplier benefits from foreign exchange earnings expected from over 500 international participants.

The Committee recommends that UGX 5.56 billion be allocated to Uganda Blood Transfusion Services for hosting of the international event to avoid a diplomatic lapse.

6.22 Inadequate vehicles for blood collection activities

The Committee observed that UBTS has an old fleet of 63 vehicles for blood collection activities and 55 are above 250,000km. This affects the geographical coverage of collection and the timely distribution of blood.

The Committee recommends that field blood collection and distribution vehicles be procured in a phased manner every financial year starting with 6 vehicles in FY23/24 at a total cost of UGX 1.87 billion.

6.23 Inadequate staffing for field blood collection activities

Currently UBTS has 25 blood collection teams for its country wide operations. In-order to collect more blood, they need to scale up the teams to 38 with each team comprising of 10 people of various cadres. The current gap is 13 blood collection teams. This recruitment will cost an additional wage of UGX 2.6 billion.

The Committee recommends that an addition wage allocation of UGX 1.3 billion be provided to recruit an additional 6 blood collection teams.

6.24 Lack of accountability for blood issued to health facilities

The Committee observed that despite public outcry about lack of blood in health facilities and selling of blood at health facilities, there is no accountability for blood issued to health facilities.

The Committee recommends that the District Health Information Management tool should be expanded to include a component for blood accountability. Private hospitals should also provide accountability for blood that UBTS issues to them.

NATIONAL REFERRAL HOSPITALS

VOTE 418: KAWEMPE NATIONAL REFERRAL HOSPITAL

Kawempe National Referral Hospital handles obstetrics and gynaecology all over the country. On average 60 to 100 deliveries are conducted per day and 27 C-section operations.

6.25 Need to overhaul plumbing system and remodel the hospital

The Committee was informed that overhauling of Kawempe National Referral Hospital's plumbing system is long overdue due to small pipes which were fitted during construction. Due to the nature of patients the hospital handles, there is frequent breakdown and blockage of the plumbing system which poses a serious public health threat. The breakdown of the plumbing system leads to water leakages which push up the already high water bills. However, overhaul

of the hospital's plumbing system at a cost of UGX 1.863 billion is an unfunded priority.

The Committee reiterates its earlier recommendation that UGX 1 billion be provided for a total overhaul of the plumbing system and remodelling of the health facility.

6.26 Inadequate budget for Essential Medicines and Health Supplies

The Committee observed that the budgetary provision for the next financial year is inadequate to cater for the large number of patients served by the hospital. The hospital requires an additional UGX 1.8 billion for Essential Medicines and Health Supplies (EMHS).

The Committee recommends that an additional UGX 1 billion be provided for essential medicines and health supplies for Kawempe.

6.27 Lack of budget for extension of medical gases to all wards

The Committee observed that no budgetary provision has been made for extension of medical gases to all wards. The hospital piped oxygen only extends to special care units. The rest of the wards use cylinders which require continuous refilling, transportation and recollection when they are empty and this is done twice a day. This makes the process tedious and requires dedicated personnel to handle the entire process. The funding requirement for extension of oxygen to the wards is UGX 420 million.

The Committee recommends that UGX 420 million be provided to Kawempe Regional Referral Hospital to maintenance of equipment and extension of oxygen to wards.

6.28 Lack of funds for acquisition of land for expansion

The Committee noted that the hospital, which is a 200-bed facility, sits on only one acre of land. This is too small for a national referral hospital and the high patient volumes have forced management to improvise and add more beds in the wards, resulting into congestion. The hospital requires UGX 10b to acquire land in the neighbourhood.

The Committee reiterates its earlier recommendation that UGX 10bn is availed to Kawempe National Referral Hospital to acquire land in the immediate neighbourhood before it becomes more expensive.

VOTE 416 NAGURU NATIONAL REFERRAL HOSPITAL

Naguru National Referral Hospital currently handles both medical and surgical cases in the outpatient and in-patient departments but the long-term plan is to transition to a National Emergency and Trauma Centre.

6.29 Need to overhaul the plumbing system

The Committee was informed that the plumbing system for Naguru was installed using metallic pipes which have since rusted, resulting into water leakage which has contributed to high water bills. Currently, existing arrears for water and electricity amount to UGX 1.5 billion. In order to mitigate the leakages, there is need for an overhaul to replace the metallic pipes with plastic pipes at a cost of UGX 1 billion which is not available in the budget.

The Committee recommends that UGX 1 billion be provided to facilitate Naguru to overhaul the plumbing system.

6.30 Low budget for non-wage activities/operational funds

The Committee was informed that the budget provision for non-wage activities for Naguru National Referral Hospital is a meagre UGX 1.443 billion; representing 11.1% of the minimum requirement of UGX 13 billion. The low budget allocation implies that the health facility will not be able to undertake activities like vehicle maintenance, property management, and purchase of beddings like theatre linen, among others.

The Committee observed that Naguru has the lowest budgetary allocation for non-wage activities among national referral hospitals yet it handles large patient numbers and is in a transition phase to a national trauma centre.

The Committee recommends that UGX 5 billion be provided to Naguru National Referral Hospital's non-wage funds to enable it improve its operational activities.

VOTE 417 KIRUDDU NATIONAL REFERRAL HOSPITAL

Kiruddu Hospital handles 16 sub divisions of internal medicine such as pulmonary medicine, nephrology, burns and plastic surgery, diabetology, ophthalmology and ICU. Its staffing level is at 35.3%.

6.31 Inadequate funding to the Burns and Surgery Unit

The committee observed Kiruddu Hospital is the national referral centre for plastic surgery and management of burns. The patients under these two specialities require a lot of specialized medicines, sundries, nutrition support and intensive nursing care. The consumption of supplies per capita of a burns patient is high. However, the allocation is meagre and this affects the treatment outcome.

The Committee recommends that UGX 1 billion be availed to mitigate the shortfall for FY 2023/24.

6.32 Lack of budget allocation for purchase of land

The Committee observed that Kiruddu hospital is a 9 storied facility which was built on a one acre of land originally accommodating a health centre four (HC IV). Currently, there is no space for infrastructure expansion. The hospital has identified neighbouring land measuring 2.5 acres at a cost of UGX 5bn. If not prioritised, there is a possible appreciation in value which may require a higher cost of acquisition.

The Committee recommends that UGX 5 billion be provided to Kiruddu National Referral Hospital for purchase of 2.5 acres of land.

6.33 Insufficient budget for essential medicines and health supplies

The Committee observed that the budget for medicines and health supplies is inadequate for a national referral hospital which handles general as well as specialised medical conditions like kidney complications and burns. Management of burns and plastic surgery requires a lot of consumables and medical sundries.

The Committee recommends that Shs 1 billion be provided to Kiruddu for medicines and health supplies.

6.34 Lack of funds for installation of solar system

The Committee observed that Kiruddu grapples with high bills for power to a tune of UGX 65 million monthly. The hospital plans to install a solar system at a cost of UGX 400 million.

The Committee recommends that UGX 400 million be provided to Kiruddu to install a solar system and reduce power costs by 40%.

6.35 Inadequate funds for decentralisation of dialysis services

The Committee observed that in the FY2022-2023, UGX 2 billion was allocated to scale up dialysis in the country by decentralising it to RRHs. This service was scaled up in Mbarara RRH and a new centre opened in Lira which is already functional and Hoima to be installed soon.

The Committee was informed that an extra UGX 4 billion is needed to roll out dialysis to three (3) more Regional Referral Hospitals (Arua, Kabale and Mbale). This money includes procurement of dialysis machines and consumables, staff training, support supervision, retooling and remodelling of some spaces.

The Committee recommends that UGX 4 billion be provided to Kiruddu to decentralise dialysis services.

VOTE 401 MULAGO NATIONAL REFERRAL HOSPITAL

6.36 Inadequate funding for Essential Medicines & Health Supplies (EMHS), NCD services and specialized services

Mulago National Referral hospital provides both specialized and super specialised services although it is categorised as a national referral hospital. This puts a strain on the existing Human Resource, infrastructure and meagre resource. The incomplete construction plumbing and civil works, air conditioning, ICT services, are constraining operations of the hospital especially the Radiology department.

Currently, Mulago National referral Hospital is allocated 8.866 billion for essential medicines and sundries through NMS and another 13.5 billion for specialised medicines and sundries. The latter is to cater for specialised and super specialised services but this is inadequate

The committee was informed that to operate at the level of a specialised and super specialized hospital, an additional UGX 81 billion worth of medicines and supplies is required. It is common for some special clinics like the diabetes and hypertensive clinics to run out of basics like glucose test strips, insulin, diabetic and antihypertensive drugs. When fully operationalized, Mulago Hospital has the potential to offer quality services that address the demands of the population and also generate increased revenue for Government of Uganda through its private wing services.

The committee recommends that an additional UGX 8 billion be provided for specialized units like maxillofacial, endocrine, neurology, gastroenterology, neurology, dental, ICU, urology, orthopaedics and pathology. And another UGX 10 billion provided towards provision of EMHS and NCD commodities.

6.37 Inadequate Staff Accommodation

In order to address the problem of inadequate staff accommodation, Mulago Hospital began a phased construction of 150 housing units at a total cost of UGX 30billion. So far the project stands at 34% completion and UGX 7.699 billion has been disbursed to date. The Committee observed that there has been a budget cut for development expenditure in the medium term from UGX 10.082 billion to UGX 5.260 billion. This cut will affect construction of staff houses.

In the financial year 22/23, a total of UGX 5 billion was appropriated but has not been released to date while in the FY23/24, UGX 3.2billion has been appropriated. The Hospital management has decided to complete the first 50 units to address the acute accommodation shortage but the amount allocated is inadequate to make significant progress.

The Committee agrees that the 50 units should be completed immediately to house critical care workers and the remaining 2 blocks of 50 units @ be completed in subsequent financial years.

The Committee recommends that an additional UGX 8.5 billion should be provided this FY 2023/24 to complete at least one block of 50 units.

6.38 Lack of funds for commencement of kidney transplant services

With the rising burden of non-communicable diseases, kidney disease is also on the increase. The available option for management is dialysis which is costly and unsustainable in the long-term. Kidney transplant provides a better alternative but patients in Uganda cannot access transplant locally. Mulago has the necessary infrastructure, human resource and equipment.

The Committee recommends that UGX 1.5 billion should be provided to Mulago National Referral Hospital to start kidney transplant services in FY23/24.

6.39 Inadequate funds for maintenance of equipment

Currently Mulago 900 beds in lower and 700 beds in upper Mulago; 17 theatres and 28 ICU beds. Due to the specialised nature of services offered by Mulago, it operates expensive and delicate diagnostic equipment which needs periodic maintenance and timely repair services. These include equipment for theatre, ICU, dialysis, laboratories, oxygen plants, departmental machines (dental, ophthalmology, ENT) and imaging (CT-scans, MRI, fluoroscopy, radio-nucleotide studies, mammogram and x-ray machines). Some of the equipment is outside the warranty period. This necessitates funds for procurement of maintenance services including service contracts but what is provided for is inadequate. Machines also need periodic calibration using standard protocols to ensure that they give accurate results needed for directing the treatment options. A total of UGX 13.742 billion is needed for this purpose but only UGX 3.433 billion is available, leaving a funding gap of UGX 7 billion.

The Committee recommends that an additional UGX 7 billion be provided in the FY2023/2024 for maintenance of diagnostic equipment and procurement of the accompanying consumables.

6.40 Under-funding for electricity bills

Mulago Hospital electricity consumption has been increasing due to new machinery and equipment installed to support numerous specialised services. For the next FY2023/2024, Mulago needs UGX 3,053,269,356 to clear electricity bill arrears. Currently 1.9 billion is allocated annually for electricity for both old and new Mulago, interns hostel, nurses' hostel and *Mwana Mugimu* Nutrition Centre. The monthly consumption is UGX 350 million which translates to UGX 4.2 billion annually. This leaves a funding gap of UGX 2.3 billion annually. In order to mitigate this cost, management is planning to install solar power and dedicate it for lighting (Interns and nurses hostels) at a cost of UGX 1 billion. However, this is not available in the budget for the next Financial Year.

The committee recommends that:

- (i) An additional UGX 3 billion should be provided next FY 2023/24 to clear outstanding arrears.**

(ii) UGX 1 billion be provided in the FY2023/2024 for procurement and installation of a solar system for Mulago, Mwana mugimu complex, nurses' hostel and the general security lighting.

6.40 Incomplete civil, plumbing & sewerage, ICT and electrical works

The Government of Uganda secured a loan for the renovation and expansion of Mulago National Referral Hospital and works commenced in 2014 and the project was under taken by ROKO. However, 9 years down the road, the hospital is not complete and this has affected service delivery. This includes interrupted water supply that consequently affects sanitation facilities and cleaning of the hospital, non-functional service lifts, interrupted piped oxygen system, incomplete work spaces, air conditioning that affects functionality of equipment and theatres, non-functional ICT optic fibre system, general lighting CCTV system, biometric access system, the imaging department (CT-Scans & MRI machines) and incomplete VIP rooms on 6th floor. Meetings between ROKO, MOH, Mulago and the Health Committee fault variations in cost due to change in designs and the internal financial challenges of the contractor.

In order to fully complete Mulago National Referral Hospital so that it can operate as the national referral centre, the Committee was informed that an additional UGX 16 billion for the civil works and complementary works and UGX 9.5billion for the equipment and accessory furniture is needed.

The Committee recommends that a total of UGX 25.5 billion be provided to Mulago National Referral Hospital as a matter of urgency to fully operationalize it.

VOTE 420: MULAGO SPECIALISED WOMEN AND NEONATAL HOSPITAL

6.41 Inadequate funds for training of specialists

In the last two (2) financial years, MSWNH has trained five specialists (1 haematologist, 1 laboratory quality manager, 2 embryologists and 1 neonatologist). The available budget of UGX 380 million can only train two (2) specialists.

The Committee recommends that an additional UGX 380 million be provided to enable training of the much-needed human resource.

6.42 Lack of funds for purchase of LEEP Machine

Cancer of the cervix is the number one cause of cancer morbidity and mortality in Uganda. In order to detect early cancer of the cervix, the hospital uses a Colposcopy machine. However, there is need to procure a LEEP machine for early treatment of cancer of the cervix that is detected early. It would require UGX 90 million which is not available.

The Committee recommends that UGX 180 million be provided for procurement of two (2) LEEP machines in the FY2023-2024.

6.43 Low budget for maintenance of specialised equipment

The Committee observed that MSWNH has a budget shortfall of UGX 3.4 billion for maintenance of equipment. The equipment includes a 128-slice CT scan, mammography, fluoroscopy, dialysis machines, patient monitors and ventilators, among others. This equipment enable the health facility provide highly specialised services like diagnostic and treatment of infertility through laparoscopy, IVF and ICSI, care of high-risk and complicated pregnancy and urodynamic management of a growing population.

The Committee further observed that the equipment is very expensive and delicate, failure to maintain it may lead to premature breakdown, denying highly specialised services to Ugandans.

The Committee recommends that the Ministry of Finance prioritizes provision of UGX 3.4 billion for maintenance of equipment at the super specialised health facility.

VOTE 402: BUTABIKA NATIONAL REFERRAL MENTAL HOSPITAL

6.44 Lack of funds for enhancement of salaries of mental health workers

The Committee observed that Butabika National Referral Mental Hospital has been unable to implement the new enhanced salaries for mental health workers and has arrears amounting to UGX 622 million.

The committee recommends that UGX 622 million be availed to clear of standing wage arrears in FY 2023/24

6.45 Inadequate budget for medicines and health supplies

The Committee observed that Butabika National Referral Mental Hospital has a budget shortfall of UGX 1 billion for medicines and health supplies; yet it is a highly specialised health facility, serving an ever increasing number of patients.

Although it has acquired a new laboratory, it is still faced with shortage of the requisite laboratory reagents due to underfunding.

The Committee recommends that UGX 1 billion be provided to bridge the funding gap for medicines and laboratory reagents next FY 2023/24.

6.46 Inadequate budget for uniforms and beddings

The Committee observed that the budget for the next financial year for beddings and uniforms caters for only 1,100 patients yet the health facility admits 6,762 patients annually, leading to a funding gap of UGX 2.387 billion.

The Committee recommends that UGX 1 billion be provided to Butabika National Referral Mental Hospital for uniforms and beddings.

6.47 Insufficient budget for food

The Committee observed that despite feeding over 313,390 patients annually at an average unit cost of UGX 6,187 for breakfast, lunch and supper; the budgetary provision for feeding is UGX 2.439 billion against a requirement of UGX 4.7 billion. The proposed budget of Shs 4.7 billion has been computed at a higher unit cost of UGX 15,000 for the 3 meals per person per day.

Given the increase in food prices, the Committee recommends that an additional UGX 1 billion be provided to mitigate the shortfall in the feeding budget next FY 2023/24.

6.48 Lack of funds for completion of perimeter wall fence

The Committee was informed that Butabika has been constructing a perimeter wall fence in phases. A total of UGX 5 billion is needed to complete 2.5kms of the wall fence.

The Committee recommends that UGX 5 billion is provided for in a phased manner starting with UGX 2.5 billion in the FY2023-2024 for construction of the wall fence.

REGIONAL REFERRAL HOSPITALS

6.49 Understaffing

The Committee was informed that all the referral hospitals are lacking the requisite number of critical staff for health. Currently, there are vacant posts in the structures of the various RRHs, senior consultants (105), medical consultants (259), and Medical officer special grade (319). While for General Hospitals, there are 230 vacancies for Medical Officer Special Grade (MOSG). In order to bridge this gap, there is need for additional UGX 94.82 billion. Attached is a detailed breakdown by facility.

The Committee recommends that UGX 94.82 billion be provided annually in a phased manner beginning with UGX 30 billion next FY2023-2024.

6.50 High utility arrears

The Committee was informed of domestic arrears for water and electricity for regional referral hospitals amounting to UGX 3.7 billion (Naguru UGX 0.8bn, Gulu UGX 0.35bn, Yumbe UGX 0.35bn, Mbarara UGX 0.6bn, Soroti UGX 0.3bn, Kawempe UGX 0.65bn, Hoima UGX0.35bn and Lira UGX 0.3bn).

The Committee recommends that:

- (i) Hospitals roll out water harvesting and solar systems in order to cut back on the cost of utilities.**
- (ii) Hospitals should be charged industrial electricity tariffs since they have equipment that is highly dependent on stable power and hospitals work 24 hours.**
- (iii) Hospitals should be given priority to dedicated lines to ensure constant supply of power.**

6.51 Incomplete infrastructure in various RRHs

The Committee observed that most of the RRHs had taken the approach of building in a phased manner over three (3) financial years. However, some of these projects have dragged on into the sixth (6th) year. This is costly because it stifles much-needed service delivery and locks funds without productivity. These include a seven-storeyed staff block in Arua RRH, surgical complex in Mbale RRH, ICU in Masaka, 54-unit staff housing block in Gulu RRH, staff housing block in Naguru RRH and 32-unit staff housing block for Mbarara.

(Annex B)

The Committee observed that the budget for infrastructure development under RRHs has been cut by UGX 23.81 billion in FY2023-2024.

The Committee recommends that the UGX 29.81 billion be provided and allocated as follows: UGX 3 billion be allocated to Gulu RRH to complete the 54-unit staff housing block, UGX 500 million to Masaka RRH to complete remodelling of the ICU, UGX 12 billion to Mbale RRH for continuation of construction of the surgical complex, UGX 1 billion for Jinja RRH for renovation of staff houses and interns hostel, UGX 4.5 billion for Arua to complete 7-storey staff structure, UGX 4 billion for Fort Portal for staff houses, UGX 0.8 billion for rehabilitation of buildings in Lira, UGX 4 billion for Mbarara staff houses.

7. CONCLUSION

The Committee recommends that a total of UGX 3,034,158,769,598 (excl. KCCA, UAC & LG PHC) of which UGX 1,614,280,648,489 is recurrent (incl. Pension, Gratuity & Arrears) and UGX 1,419,878,121,109 is Development Expenditure (incl. Arrears) be approved for the Health Sub programme under the following Votes:

Budgetary Allocations for the Health Sector Votes for FY 2023-24

Recurrent Expenditure in UGX '000

Vote	Description	Draft Annual Budget Est	Committee Changes	Proposed Budget
		Shs '000		
14	Ministry of Health	92,434,424	101,650,000	194,084,424
114	Uganda Cancer Institute	40,890,112	28,100,000	68,990,112
115	Uganda Heart Institute	42,884,559		42,884,559
116	National Medical Stores	581,042,988	94,400,000	675,442,988
127	Uganda Virus Research Institute	7,847,177	10,000,000	17,847,177
134	Health Service Commission	11,946,026	500,000	12,446,026
151	Uganda Blood Transfusion Service	21,094,861	16,860,000	37,954,861
401	Mulago Hospital Complex	103,049,431	30,500,000	133,549,431

402	Butabika Hospital	20,206,885	3,000,000	23,206,885
403	Arua Referral Hospital	12,219,614	3,875,000	16,094,614
404	Fort Portal Referral Hospital	13,443,303	1,875,000	15,318,303
405	Gulu Referral Hospital	16,142,318	3,575,000	19,717,318
406	Hoima Referral Hospital	12,464,117	1,875,000	14,339,117
407	Jinja Referral Hospital	23,587,900	1,875,000	25,462,900
408	Kabale Referral Hospital	12,566,681	4,675,000	17,241,681
409	Masaka Referral Hospital	12,088,830	1,875,000	13,963,830
410	Mbale Referral Hospital	18,782,274	1,875,000	20,657,274
411	Soroti Referral Hospital	12,387,507	2,375,000	14,762,507
412	Lira Referral Hospital	18,589,369	3,375,000	21,964,369
413	Mbarara Referral Hospital	18,692,644	1,875,000	20,567,644
414	Mubende Referral Hospital	13,222,849	1,875,000	15,097,849
415	Moroto Referral Hospital	12,694,580	1,875,000	14,569,580
416	Naguru Referral Hospital	13,194,721	5,900,000	19,094,721
417	Kiruddu Referral Hospital	25,911,383	14,580,000	40,491,383
418	Kawempe Referral Hospital	21,836,965	6,660,000	28,496,965
419	Entebbe Regional Referral Hospital	11,028,356	6,275,000	17,303,356
420	Mulago SW&N Hospital	30,772,684	1,400,000	32,172,684
421	Kayunga Referral Hospital	11,950,545	7,875,000	19,825,545
422	Yumbe Referral Hospital	11,357,547	9,375,000	20,732,547
Total		1,244,330,648	369,950,000	1,614,280,648





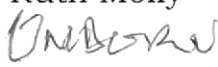




Development Expenditure in UGX '000



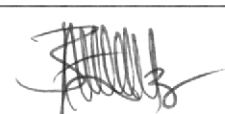
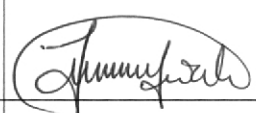
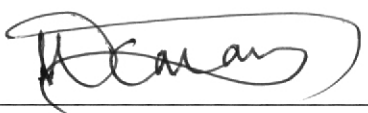

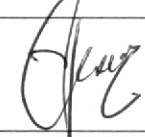
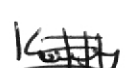
Vote	Description	Draft Annual Budget Est	Committee Changes	Proposed Budget
14	Ministry of Health	1,143,126,819	12,800,000	1,155,926,819
114	Uganda Cancer Institute	45,464,713	50,000,000	95,464,713
115	Uganda Heart Institute	14,577,375	7,510,000	22,087,375
116	National Medical Stores	6,651,984		6,651,984
127	Uganda Virus Research Institute	-		-
134	Health Service Commission	52,800	620,000	672,800
151	Uganda Blood Transfusion Service	1,234,200	4,270,000	5,504,200
401	Mulago Hospital Complex	16,528,858	34,000,000	50,528,858
402	Butabika Hospital	2,513,373	2,500,000	5,013,373
403	Arua Referral Hospital	120,000	14,400,000	14,520,000
404	Fort Portal Referral Hospital	120,000	10,000,000	10,120,000
405	Gulu Referral Hospital	120,000	5,000,000	5,120,000
406	Hoima Referral Hospital	120,000	-	120,000
407	Jinja Referral Hospital	120,000	1,000,000	1,120,000
408	Kabale Referral Hospital	120,000	-	120,000
409	Masaka Referral Hospital	120,000	500,000	620,000
410	Mbale Referral Hospital	120,000	12,000,000	12,120,000
411	Soroti Referral Hospital	120,000	5,000,000	5,120,000
412	Lira Referral Hospital	120,000	800,000	920,000
413	Mbarara Referral Hospital	120,000	4,000,000	4,120,000
414	Mubende Referral Hospital	150,000	-	150,000
415	Moroto Referral Hospital	120,000	-	

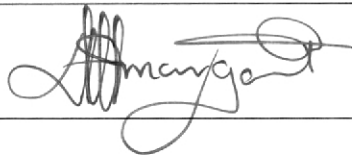


				120,000
416	Naguru Referral Hospital	240,000	1,000,000	1,240,000
417	Kiruddu Referral Hospital	1,530,000	5,300,000	6,830,000
418	Kawempe Referral Hospital	900,000	11,420,000	12,320,000
419	Entebbe Regional Referral Hospital	900,000	-	900,000
420	Mulago SW&N Hospital	2,268,000	180,000	2,448,000
421	Kayunga Referral Hospital	-	-	-
422	Yumbe Referral Hospital	-	-	-
Total		1,237,578,121	182,300,000	1,419,878,121

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

**SIGNATURE SHEET FOR THE REPORT OF THE COMMITTEE
ON HEALTH ON THE MINISTERIAL POLICY STATEMENT AND
BUDGET ESTIMATES FOR FY2023/2024**

S/NO	NAME	SIGNATURE
1.	Hon. Dr Charles Ayume - Chairperson	
2.	Hon. Ssebikaali Yoweri - Deputy-chairperson	
3.	Hon. Ninkusiima John Paul	
4.	Hon. Namukuta Brenda	
5.	Hon. Nakazibwe Hope Grania	
6.	Hon. Lematia Ruth Molly 	
7.	Hon. Laker Sharon Balmoyi	
8.	Hon. Bebona Babungi Josephine	
9.	Hon. Chelain Betty Louke	
10.	Hon. Dr Bhoka Didi George	
11.	Hon. Atwijukire Dan Kimosho	
12.	Hon. Otingiw Isaac Ismail	

13.	Hon. Ayebare Margaret	
14.	Hon. Rutahigwa Elisa	
15.	Hon. Dr Ruyonga Joseph	
16.	Hon. Sekyanzi Benard Kirya	
17.	Hon. Eng. Irene Muloni Nafuna	
18.	Hon. Mbayo Esther	
19.	Hon. Dr Nandagire Christine Ndiwalana	
20.	Hon. Dr Kagabo Twaha Mzee	
21.	Hon. Zaake Francis	
22.	Hon. Nanyondo Veronicah	
23.	Hon. Dr Kamara Nicholas	
24.	Hon. Dr Lulume Bayiga Michael	
25.	Hon. Col. Dr Victoria Nekesa	
26.	Hon. Auma Kenny	

27.	Hon. Makokha Margaret	
28.	Hon. Nakato Mary Annet	
29.	Hon. Dr Opio Samuel Acuti	
30.	Hon. Bahireira Tumwekwatse B Sylvia	
31.	Hon. Zawedde Victorious	
32.	Hon. Nebanda Florence Andiru	
33.	Hon. Rwaburindore	
34.	Hon. Batuwa Timothy Lusala	

Annex A: Proposed cuts across Ministry of Health Subventions in FY 2023-24

Vote Name	Budget Output Description	FY 2022/23 Approved Budget Provision	FY 2023/24 Proposed Budget Provision	Loss (80%)	Implications of the Loss
Ministry of Health	Blood Collection	6.02	1.20	4.82	Blood shortage and poor A&E response.
	Support to Research Institutions	0.65	0.13	0.52	Failure to undertake Health Research under NCRI and UNHRO
	Community Extension workers	0.50	0.10	0.40	Lack of facilitation for CHEVs and non-implementation of community health strategy
	Commodities Supply Chain Management	0.09	0.02	0.07	Inadequate Monitoring of Pharmaceutical supply chains in health facilities
	Senior House Officer Coordination	10.83	2.17	8.66	Poor health service delivery in health facilities across all levels of Care (unfacilitated SHOs)
	Support to hospitals	17.13	3.43	13.71	Breach of Memorandum of Uganda with Emergency
	PNFP Commodities	14.57	2.91	11.66	EMHS/Drug shortages in PNFP Health facilities and poor service delivery
	Research and Clinical Services	0.24	0.05	0.19	Fight against HIV through research at JCRC frustrated
	Facilities and Equipment	1.40	0.28	1.12	Maintenance of Oxygen Plants in the RRHs

	<i>Management</i>					
	<i>Support to Research Institutions & Professional Councils</i>	0.30	0.06	0.24	<i>Poor supervision and Non-functional Research Institutions & Professional Councils (Health Regulatory Councils)</i>	
	<i>Inter Governmental & Partners Coordination</i>	1.96	0.39	1.57	<i>Reduced Health financing and elimination from international Health Organizations (WHO, GF, ECSA, APEPH)</i>	
	<i>Endemic and Epidemic Disease Control</i>	0.30	0.06	0.24	<i>Non-functional Systems for Communicable (Endemic/Epidemic) disease control at district level</i>	
	<i>Medical interns' Coordination</i>	40.28	8.06	32.22	<i>Poor health service delivery in health facilities across all levels of Care (unfacilitated Medical Interns)</i>	
<i>Total</i>		94.27	18.85	75.42		

Source: Submission of the Minister of Health on MPS

Annex B-

PROGRESS OF CAPITAL DEVELOPMENT PROJECTS FOR RHHs FOR FY 2020/21, 2021/22, 2022/23 and 2023/24

Hospital	Project	Year of commencement	Initial Contract amount (bn)	expected completion date as at 2019	Extent of execution in 2019 (%)	Extent of execution April 2023 (%)	Cumulative amount so far spent	Projected requirement for completion as at April 2023(Bn)	Outstanding variation claims if any	Comments
1 Naguru	Completion of Staff House construction	2017/18	1.826	30th June 2020	98%					
	Construction of perimeter wall at staff quarters	2019/20	1.352	2021/22	10%					
2 Masaka	Construction of a 400 bed Maternal and Child Complex	2014	10.62	30 th June 2020	89%					
	Construction of a 40 unit staff house	25/08/2015	9.80		24%					
3 Lira	Construction of 16 Units Staff House (Retention Fees)	Jul-18	2.74	Thursday 30 th April 2020	75%	100%		0.0	None	Houses in use
	Contribution to JICA construction	Sep-19	0.79	Friday 30 th October 2020	50%	100%		0.0	None	OPD completed and in use
	Perimeter wall construction	January 2019	0.67	Wednesday 4 th March 2020	50%	100%		0.0	None	Completed
4 Moroto	Construction of a 30 bed ward complex, Neonatal facility and walkways	2018	2.50	1 st December 2020	75%	100%		0.0	0.2600	This is retention for the finished project
	Construction of 10 Unit staff house	2017	2.40	27 th September, 2020	70%	100%		0.0	0.2600	

5	Mubende	Construction of a 240 bed, seven units block comprising surgical, pediatric, isolation, pathology, private wing, ICU/HDU and theatres	March 2013/2014	7.48	Feb-21	60%					
	Mubende	Water well project and associated works to do plumbing to connect to water tank, installing submersible pump, electrical works to connect to power and solar installation and securing the site	December 2019/2020	0.12	April 2019/2020	40%					
6	Gulu	Construction of a 54 unit staff house (GH/W/RKS/13-14/009)	6 th November, 2014	6.23	6 th November, 2020	55%	77%			0.2180	Solicitor general has delayed to grant price variation and extension of the project
		Contribution to JICA construction									
7	Kabale	Construction of a 3 storied, 78 bed interns hostel	19/4/2017	7.074	19/4/2022	53%					

8	Jinja	Construction of 16 staff house block	15 th April 2019	3.304	2 nd Sept. 2021	45%	100%		0.0	0.0000	Need for 4.0 bn to complete phase 2 of project
9	Mbale	Construction of Surgical Complex	2016/17	22	30 th June 2020	25%	45%		14.7	0.0000	Project has been extendd due to inadequate funding
10	Arua	Construction of a seven storey (21 units) staff house	6/6/2018	8.50	25/5/2021	22.24%	57.71%		2.4	1.3000	Project has been extendd due to inadequate funding
11	Fort-Portal	Construction of a perimeter wall	2019/20	1.9	30th June 2022	20%	87%		0.4	0.0036	Contractor slow, contract extended two times so far
12	Mbarara	Construction of a Four Storied flat with 56 Units (Self-contained One Bed room; sitting room and kitchen)	2019/20	5.6bn	30th June 2020	10%					
13	Hoima										
14	Soroti										
						Total			21.0		

Source: Submission of the Minister of Health on MPS

PARLIAMENT OF UGANDA



MINORITY REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH ON THE SECTORAL MINISTERIAL POLICY STATEMENT AND BUDGET ESTIMATES FOR FY 2023/24

Moved under Rule 205 of the Rules of Procedure

APRIL, 2023

OFFICE OF THE CLERK TO PARLIAMENT
PARLIAMENT BUILDINGS
KAMPALA-UGANDA

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1. INTRODUCTION

On 14th March, 2023, the Ministerial Policy Statement (MPS) and Budget Estimates for the Health component of the Human Capital Development Programme for FY 2023/24 was laid before the House and referred to the Parliamentary Committee on Health for consideration in accordance with Section 13 (13) of the Public Finance Management Act, 2015 and Rule 146 of the Rules of Procedure of Parliament. In the same spirit under Rule 147, on 29th March 2023, the Shadow Minister of Health laid before Parliament the Alternative Policy Statement for the Health Sub-programme which was accordingly referred to the same Committee for consideration.

Consequently, the Committee considered and reviewed both the Ministerial Policy Statement and the Alternative Policy Statement in accordance with Rules 149 and 189 of the Rules of Procedure. Pursuant to Article 155(4) of the Constitution of the Republic of Uganda and Rule 205 of the Rules of Procedure of the Parliament of Uganda, we hereby present dissenting opinion from the opinion of majority of the Committee.

2. AREAS OF DISSENT

We dissented with majority of the Committee on the following:

- a) Budget allocations that don't address the key Sub Program priorities as stated in the Ministerial Policy Statement for FY 2023/2024 specifically;
 - 1) expanding community level health promotion, education and prevention services.
 - 2) Improving Health Service Delivery
- b) Unsatisfactory and unclear strategy by the Ministry of Health on management and eradication of Malaria
- c) Lack of clear commitment on the introduction of the National Health Insurance Scheme
- d) Cutting of support for medicines and medical supplies to faith-based Private Not for Profit (PNFP) Health facilities
- e) Failure to provide for interns' and Senior House Officers; allowances

3. DISSENTING OBSERVATIONS

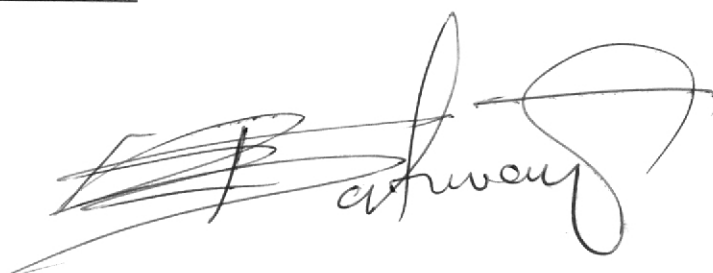
3.1: Neglect of efforts to expand community level health promotion, education and prevention services

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The Ministerial Policy Statement lays down the key health sub-program priorities for the FY 2023/24 and among these priorities rightly states "...expanding community-level health promotion, education, and prevention services in all programs to reduce exposure to communicable and non-communicable conditions and risks with targeted interventions in Local Governments with low coverage." Despite this appreciation of the need to prioritize community health care and having launched a National Community Health Care Strategy for Uganda in February 2023, the Ministry of Health went ahead to allocate a paltry UGX 700,000,000 for Community Health Care. The Committee considered an additional UGX 7 billion to make it UGX 7.7 billion for Community Health. We however disagree that this is still a mockery of the required resources to ensure an effective community health care, health prevention and promotion program that would suit a country like Uganda that is still resource constrained. We therefore suggest that **UGX 289,671,275,000 be found and invested in a robust meaningful community health care, prevention and promotion program.**

In Uganda, like in many other countries, the best way to improve health and well-being remains contested. Policies and investments in health improvement have followed a "care" approach – where communities are expected to receive health services from health installations like hospitals and health centers. Although health promotion has been advanced in the policy discourse, its institutions and structures are diverse and less well understood across development actors. Health investments are usually allocated on the basis of indices related to disease burden and the infrastructure used to restore health. These criteria have institutionalized an unsatisfactory norm among policy-makers and technocrats that privilege the finance of "diseases" instead of financing of good health and well-being of communities. An analysis of the health sector service delivery in Uganda shows that it is predominantly a disease-oriented care system than health promotion and disease prevention.

The focus on curative health care in Uganda notwithstanding, efficient and functional curative health care service delivery system is still a mirage. Nine hundred and eighty-two (982) sub-counties don't have a single Health Center III¹ as by policy, health staffing levels are at 74% and funding gap for essential medicines and supplies for the year 2022/23 is 70.32 billion. Even with all this, the health planners have continued to ignore the option of meaningfully investing in



preventive health care amidst evidence that 40% of the disease burden among adults 19-64 is due to preventable non-communicable diseases. Generally, over 75% of disease burden in Uganda is preventable.

In the financial year 2021/2022, a meagre UGX 728,498,000 was budgeted for health education, promotion and communication and even then, only UGX 342,416,000 went to non-communicable disease with UGX 196,616,000 going to staff salaries. The trend has been consistent. In the financial year 2019/2020, the NCD department was allocated UGX 120 million and Health Promotion allocated a sultry UGX 139m respectively for the entire year.

The response to health care in Uganda is to prepare to treat diseases through building of infrastructure and procurement of medical supplies yet the resource envelope is inadequate.

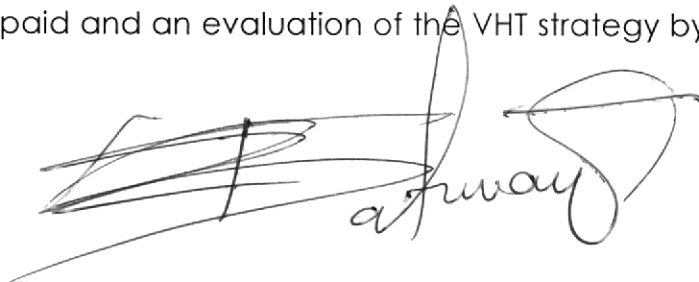
Recommendation

We recommend that a robust and well facilitated Community Health Program is put in place by having a qualified public health nurse at each of the 10,595 parishes in Uganda (to fill the gap left by the scrapping of health centre IIs) and two dedicated Village Health Workers for the 71, 213 villages. Each CHEW shall be supported with a lap top for data storage and analysis. The VHTs shall be supported with tools like digital blood pressure machines, digital blood sugar machines, digital thermometers, digital Pulse-oximeters and examination gloves.

We further propose to integrate Health Promotion and Prevention within the Hospital based care system. As per the UNHMCP, each health facility has a catchment area. Instead of having health promotion and education done separately by units outside the health care facilities structure, health promotion and prevention of diseases shall be made a core deliverable of the health care facilities. This calls for an establishment of a health promotion and prevention unit at the health facility level and health care facilities being tasked to report on their efforts to prevent diseases and promote health instead of focusing in treatment. Health care facilities would then be treated as an option of last resort and the more preventable cases a health facility entertains, the less the reward.

Justification

Justification i: The importance and usefulness of VHTs is not in contest. Currently, these VHTs are not paid and an evaluation of the VHT strategy by the Ministry of

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Health in 2014, expectedly found that the VHT system had not been effective in reducing the disease burden since it has been hinged on volunteerism as the main pillar.

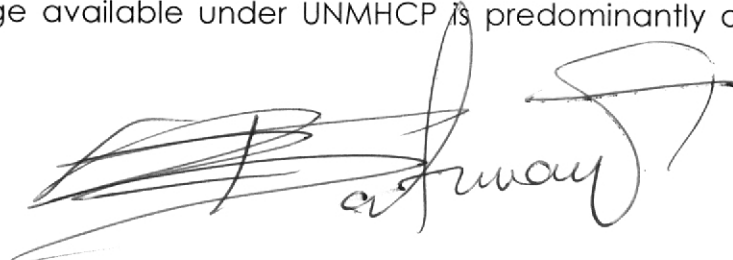
Justification ii: CHEWS and VHTs are crucial for a strengthened and ready response for emergencies, pandemics and epidemics.

The outbreak of Ebola on the heels of Covid-19 points to a need for more a robust sustainable epidemic management method by strengthening Community-based surveillance which improves early detection and response to disease outbreaks by leveraging the capacity of community members to carry out surveillance activities within their communities. Permanent and functional Village Health Teams (VHTs) continuously engage the members of their communities not only when epidemics break out but continuously do promote healthy behaviours and dispel cultural beliefs that are harmful.

Justification iii: Functional CHEWS and VHVs is a fulfilment of the Uganda Minimum Health Care Package

The implementation of the Uganda National Minimum Health Care Package (UNMHCP) started in 2000 as a strategy to improve access for the poor, and otherwise marginalized and disadvantaged people. Interventions such as home-based management of fever, which was introduced under the UNMHCP, are said to have improved utilization of services because of the increased drug availability and the opening of new health centres in remote areas. Notwithstanding this progress, some components of the UNMHCP have not been fully implemented due to resource limitations and other constraints. This has resulted into reprioritization and rationing both within the package and across populations. A comprehensive UNMHCP is only available in higher-level health centres and hospitals and not in lower health units. This restricted availability might influence equality and/or equity in access to services. This partly explains why important health indicators such as Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) have stagnated and even worsened for the poor.

The attainment of Uganda's National Minimum Healthcare Package has been labelled ineffective and inefficient mainly because of the budgetary constraints of trying to achieve universal access with USD 8 per capita rather than USD 28. Most of the package available under UNMHCP is predominantly available at

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health centre IVs and hospitals. This restricted availability poses an additional challenge, since most people in Uganda live in rural areas and incur significant transportation costs to attend hospitals in town, as such, they are rationed out of the package.

The UNMHCP recognizes Health Centre 1 as the Community level. At this level, it's hoped that mobilization of people for health, data collection, health promotion, hygiene and sanitation, nutrition and child growth monitoring and model homes would be done. The people expected to do this are the VHTs.

Recommended Budget

We recommend that a total of UGX 289,671,275,000 as per the table below be allocated to this cause;

Budget Estimates for proposed VHTS and CHEWS						
No	Item	Unit Cost	Qty 1	Qty 2	Qty3	Total Cost
1	Allowance for Village Health Workers	100,000	71,213	2	12	170,911,200,000
2	Allowance for Community Health Extension Workers	250,000	10,595	1	12	31,785,000,000
3.	Working tools for VHTs	750,000	71,213	1	1	55,190,075,000
4.	Lap tops for CHEWS with data for connectivity	3,00,000	10,595	1	1	31,785,000,000
	Total					289,671,275,000

3.2: Improving Health Service Delivery

The Ministerial Policy Statement rightly shows that the Ministry intends to improve the quality of services at the Lower-Level Health Facilities to further decongest the referral hospitals from provision of Primary Health Care services. However, beyond stating so, the Ministry has not demonstrated neither allocated resources towards achievement of this. In our Alternative Policy Statement which we presented before the Committee, we, in detail, proposed how this can be achieved since the Ministerial Policy Statement allocations do not show any policy changes in achieving this and it's as business as usual. In short, the Ministry requested Parliament to approve the same approach that has delivered absurd qualitative health indicators that leave a lot to be desired. We strongly believe that the Ministry should seriously reconsider how health care in Uganda is




delivered by focusing on functionalization of Health Centers IV and appropriately staffing Health Centers at the levels of Health Center III, IV and General Hospital to avoid unnecessary referrals.

Recommendation

We propose to improve the health coverage (range of services provided and the population covered) by re-focusing on functionalizing the existing health facilities. This will require establishing health facilities as per the approved Minimum Health Care Package and World health Organization recommendations. It calls for reversing the presidential directive on ensuring that each District gets a General Hospital. Focus shall be on ensuring availability of health facilities at points where majority of Ugandans require them which is health Centre IIIs and Health Centre IVs. Going by the current estimated Population of 45.8 million Ugandans, and as per the recommendations of the Uganda National Minimum Health Care Package that prescribes the number of people to be served by different health level facilities, we recommend to have the following number of health facilities at the various levels; General Hospitals: 92, Health Centre IVs: 458, Health Centre IIIs: 2,290, Regional Referral Hospitals: 20 and National Referral Hospitals: 05.

We recommend that focus should be on strengthening, adequately and appropriately staffing plus equipping HC IVs to ensure their functionality. The HC IV will thus serve as the middle point to effectively deal with wellness cases that beat our elaborate Community Health Care system and only serious cases will warrant referral to general hospitals and other levels. **In the short to medium-term, specifically for the FY 2023/24, we recommend that at least each Health Centre IV has an Ultra Sound Scanner and X-Ray machine** to improve diagnosis and reduce mortality. To effectively run this equipment, we recommend that at least two midwives per health centre IV are trained on how to use an Ultra Sound Scanner and recruit a Radiographer per Health Centre IV for operating the X-Ray machine. Where no Health Centre IV exists, we recommend that Government partners with existing Private Not for profit or Private for-profit Facilities to ensure availability of services at that level instead of constructing new health infrastructure.

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Justification

The World Health Organization (WHO) guidelines and Ministry of Health service standards 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. Re-arranging the health service delivery points to having more Health Centers III and Health Centers IV is a better way of achieving our good health results and is a more equitable way of serving majority of Ugandans in all areas since majority of Ugandans' contact with the health care system is at those two levels.

Construction of health facilities is meant to reduce on the distance people have to travel to access health care facilities. Seventy-Seven percent of the population in Uganda has access to a health facility within a 3-kilometer radius with this percentage going up to 86% within a radius of 5 Kilometres. The 2022 Multi Poverty Index report found that the lowest deprivation rates were recorded in access to health services (14 percent). Availability of health infrastructure therefore does not seem to be the issue at the moment. Instead, unavailability of medicine at 83%, long waiting time at the facility at 50% and limited range of health services at 47% seem to be the challenges hindering universal access to health care.

Most of the 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% hospitals do not have X-ray machines and even those that have, over 70% are obsolete.

Farway

Budgetary recommendation for equipping each Health Centre IV with an X-ray and Ultra Sound Machine.

Budget Estimates for equipping each HC IV with an X-ray Machine and Ultra Sound Scanner				
No	Item	Unit Cost	Quantity 1	Total Cost
1	Ultra Sound Scanner	35,000,000	458	16,030,000,000
2	X-Ray Machine	170,000,000	458	77,860,000,000
3	Recruiting Radiographers to run the X-Ray Machines	40,000,000	458	18,320,000,000
4	Costs for training of at least two mid-wives per HC IV with Sonographer skills to manage Ultra Sound Scanner	8,000,000	458	3,664,000,000
	Total			115,874,000,000

3.3: Unsatisfactory and unclear strategy by the Ministry of Health on management and eradication of Malaria

On 20th April 2022, this House adopted a motion urging Government to strengthen efforts to prevent, control and eliminate transmission of Malaria in Uganda. During the presentation of the "Action taken Reports" made by government entities in November 2022, the Ministry of Health did not present any concrete strategy on how to eliminate and combat malaria. The LOP then advised and presented alternative proposals for the Ministry to consider and integrate them in the current budget process to manage and eradicate malaria. Rt. Hon. Speaker, the Ministry of Health in its 2023/24 Ministerial Policy Statement did not present any concrete strategy on how to combat Malaria and the Committee did not have a chance to listen to and scrutinize such a strategy much as funding equivalent to UGX 1,101,939,000,000 for "Communicable Diseases Prevention and Control" has been ear marked. We presented a detailed strategy for management and eradication of malaria which we believe the Committee should have considered and appropriated resources to instead of leaving the allocation open for Ministry of Health to do business as usual.



Recommendation

We recommend to approach the rising cases of malaria by a) improving on malaria case management in the very immediate term and b) implementing a number of actions to eradicate malaria.

Proposed actions for malaria case management

- Prioritise effective case management of malaria to reduce on the malaria mortality rate by ensuring availability of blood in all health facilities in Uganda. Specifically, ensure that the sub-regions of Busoga, Karamoja, West Nile and Lango all get functional blood banks.
- In the short term, close supervision and support should go to Health Centre IIIs and Health Centre IVs because that is where most malaria services are provided as per the evidence available. Specifically, improve on accessibility to blood by ensuring all Health Centre IVs are equipped with;
 - Solar powered refrigerators;
 - Complete Blood Count (CBC) analysers;
 - Re-agents to carry out blood typing and crossing
 - Invest in prophylactic treatment for malaria

Malaria eradication

The country should be sub-divided into Mosquito Control Regions namely; I) Busoga/Booked/Bugisu; II) Teso/Lango/Karamoja/Sebei; III) Acholi/West Nile/Lango; IV) Buganda/Ankole/Ruwenzori/Toro/Kigyezi. The following will then be done in each of the regions;

Adulticiding by use of fixed wing planes, unmanned aerial vehicles (drones) and vehicle bound mist sprayers. Specifically, we shall procure and utilize the following;

Two (2) fixed wing aircrafts per Malaria Control Region

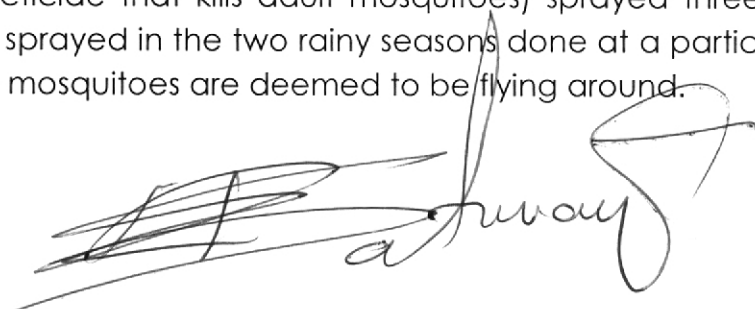
Two (2) Bell Helicopter per Malaria Region

Ten (10) large un-manned aerial vehicles per malaria control region

Thirty (30) small un-manned aerial vehicles per malaria Control Region

Ten (10) Mist Sprayers mounted on trucks per Malaria Control region

Adulticide (an insecticide that kills adult mosquitoes) sprayed three times in a row; back-to-back sprayed in the two rainy seasons done at a particular time of the night when the mosquitoes are deemed to be flying around.



Larvicing for mosquito control using either BTI, NBS, Methoposin or Spinocide.

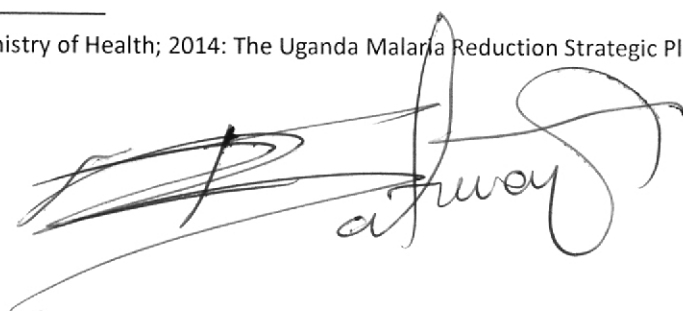
Justification

Uganda has made remarkable progress in the fight against Malaria in the last decade although the situation remains gloomy. Uganda is the 3rd highest contributor of malaria cases globally, contributing 5% of all the 241 million Malaria cases in 2021 (World Malaria Report 2021) and the 7th highest contributor of malaria deaths in 2019 (WMR 2019). Needless to point out, Malaria is the leading cause of death in Uganda today and accounts for 30-50% of outpatient consultations. Whereas, mortality reduced from a high of 20 per 100,000 population in 2016 to 9 per 100,000 population in 2019 and incidence of total malaria cases declined from 460 per 100,000 population in 2013 to 281 per 100,000 population in 2019, these achievements fell short of the targets set in the previous strategic plan – the Uganda Malaria Reduction Strategic Plan 2014-2020.² The Malaria Reduction Strategic Plan 2014-2020 had set to ensure less than 1 death per 100,000 population, reduce malaria morbidity to 30 cases per 1000 population and reduce the malaria parasite prevalence to less than 7%.

A quick review of the available surveillance data for the months of January 2022 to date, as shared by the Ministry of Health on the Ministry Website, points to a sharp increase in the malaria positivity rate at 54.8% and the mortality rate which had reduced to 9 per 100,000 in 2019 has shot to 19 per 100,000 population. A 2022 Common Wealth Assessment report as part of the evaluation of the 2018 Commonwealth leaders set commitment of halving malaria by 2023 confirms the above scenario as it shows that Uganda is one of the countries that had achieved less than 75% of the progress required to be on track in 2020.

Malaria has always been included in the Budget call circular as a crosscutting issue in the last 3 years but was not been included in the current 2023/2024 budget call circular. The Ministry of Finance Planning and Economic Development's Budget Call Circular issued in the last 3 years have not been adhered to by the respective Ministries, Departments and Agencies. The Malaria Control Programme in Uganda has been relying on donor funding and with Uganda destined to achieve middle income status, such donations are likely to

² Republic of Uganda, Ministry of Health; 2014: The Uganda Malaria Reduction Strategic Plan 2014-2020, Kampala, p.10.



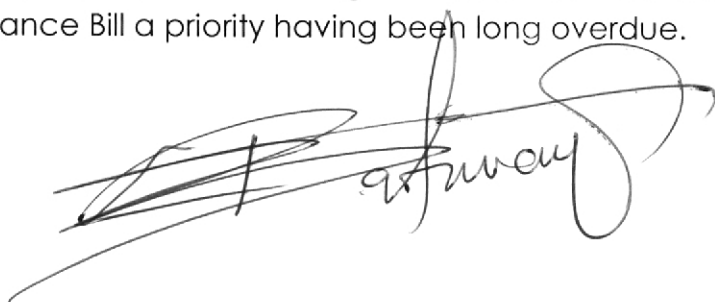
decline and Government has to demonstrate willingness to fund the response to malaria control.

Proposed Budget for managing and eradicating Malaria

Budget Estimates for management of malaria cases and malaria eradication					
No	Item	Unit Cost	Quantity 1	Quantity 2	Total Cost
Malaria Case Management					
1	Blood Bank Refrigerator +4 Degrees C, 230V- 50/60HZ BBR300	23,745,276	458	1	10,875,336,408
2	HEMATOLOGY ANALYSER 5 PART URIT 5160	36,725,295	458	1	16,820,185,110
3	Re-agents for blood typing and crossing	19,874	458	3650	32,223,365,800
4	Prophylactic treatment for malaria	5,000	30,000,000	1	150,000,000,000
5	Regional Blood Banks	15,000,000,000	3	1	45,000,000,000
Sub-Total for Malaria Case Management					254,918,887,318
Malaria Eradication					
5	Fixed Wing Aircrafts (2 per malaria control)	5,000,000,000	4	2	40,000,000,000
6	Bell Helicopter (2 per Malaria Control region)	8,000,000,000	4	2	64,000,000,000
7	Large un-manned Aerial Vehicles	300,000,000	4	10	12,000,000,000
8	Small un-manned aerial vehicles	100,000,000	4	30	12,000,000,000
9	Mist Sprayers mounted on Trucks	500,000,000	4	10	20,000,000,000
10	Adulticide for killing mosquitoes	30,000,000,000	1	1	30,000,000,000
11	Larvicing	5,000,000,000	4	2	40,000,000,000
12	Operation Costs	13,000,000,000	4	1	52,000,000,000
Sub-total for Malaria Eradication					270,000,000,000
Grand Total for management and eradication of Malaria					524,918,887,318

3.4: Lack of clear commitment on the introduction of the National Health Insurance Scheme.

The 10th Parliament debated and passed the National Health Insurance Scheme (NHIS) Bill. The Bill was sent to the President for assent which was never done. Following the ruling by the Speaker of the 11th Parliament that all Bills that were pending by the time of the beginning of tenure of the 11th Parliament, lapsed and is as good as non-existent, this Bill needed to be re-introduced by the Ministry of Health for reconsideration. The Ministry of Health has continuously promised to bring this Bill but this did not appear anywhere in the Ministerial Policy Statement neither the Majority Committee report. We therefore disagree with the majority report for failing to make the introduction of the National Health Insurance Bill a priority having been long overdue.



Recommendation

Ministry of Health introduces the National Health Insurance Scheme Bill as soon as possible and resources for this process be made available in the FY 2023/24 Budget.

Justification

Despite implementing a free healthcare system since 2001, which presumes free access to healthcare services at public facilities, many Ugandans face financial challenges in accessing healthcare services due to high out-of-pocket payments which stand at 42 percent. It has been estimated that household contribution from out of pocket for health care spending is at 42%, government 17% while donors contribute 41%. Health insurance coverage among persons age 15 and above is still low at four percent; this is a reduction from five percent registered in 2016/17. This trend in medical bills has led to about one million people driven into poverty annually. The Uganda National Household Survey 2016/2017 analysis shows that in Uganda, 3 percent of the population is driven into poverty due to out-of-pocket payments (WHO, 2017).

3.5: Cutting of support for medicines and medical supplies to faith-based Private Not for Profit (PNFP) Health facilities

For a long time, PNFPs have always supplemented government efforts in provision of health care services y bridging the gap where the government does not have health care facilities. Budget subvention has been provided by Ministry of Health since 1997/1998 to support the PNFP facilities due to the significant contribution they make to the health sector performance, and indeed to the health of Ugandans. This helps in achieving the Universal health coverage agenda which intends to keep health care affordable while expanding coverage to reach those in need.

The Minister of Health in a Statement to this House on the health infrastructure in the country acknowledged a total of 937 PNFPs at various levels as follows; General Hospitals (69), Health Center IVs (22), Health Center IIIs (325) and Health Center IIs (521). As you can clearly observe, reducing support to these PNFPs will greatly affect the very poor since in many of the areas especially at Health Center III and IV, the PNFP have been closing the gap. Currently, out of the 353 constituencies, only 218 have a Health Center IV meaning it's the PNFPs that are



serving our people. In some districts, the PNFP hospitals contribute to over 80% of caesarean sections and also over 80% of all major surgeries.

In the last five years half of the subvention from Primary Health Care (PHC) Recurrent None-wage grant to PNFP facilities has been in form of medicines and medical supplies through Joint Medical Store (JMS). Ministry of Health has decided to take away the fraction of PHC CG for medicines (Credit line) through JMS with effect from July 1st 2023. This will be 50% of the total support from PHC Recurrent non-wage Conditional Grant, and will amount to sh. 11,658,744,000.

Recommendation

We recommend that Government reviews this decision and this support is budgeted for and even consider a possibility of increasing the support for more return on investment.

Justification

This sudden cut will have far reaching negative impact on ability of the PNFP to complement government effort to provide services to the people, especially in the areas of maternal and child health, community outreaches, major surgeries and others. Communities in rural areas will be most affected.

3.6: Failure to provide for interns' and Senior House Officer' allowances

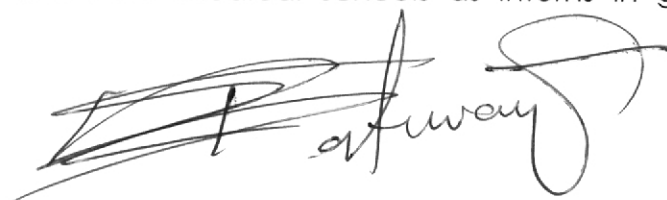
We disagree with the majority committee report for failure to recommend appropriation of funds to cater for medical interns and Senior House officers.

Recommendation

We recommend that funds to cater for medical interns and SHOs equivalent to UGX 82 billion be allocated for this purpose.

Justification

Section J (1) of the Public Service Standing Orders (2021) compels government to work with training institutions, colleges and universities to promote training programmes requiring students to gain practical skills in the world of work in order to enhance their technical and professional capabilities in preparation for entry into the labor market. The government of Uganda annually engages medical graduates from medical schools as interns in government hospitals



across the country who according to Section J (5) of the Public Service Standing Orders (2021) that provides that apprentices who perform tasks for which an allowance is payable shall be considered for such payment at the existing rates at the entry level of the post of the trainee.

CONCLUSION.

Rt. Hon. Speaker and Honourable Colleagues, we request you to consider and support the Minority Report.

MEMBERS OF THE COMMITTEE ON HEALTH WHO SIGNED THE MINORITY REPORT ON THE REPORT OF THE COMMITTEE ON HEALTH ON THE SECTORAL MINISTERIAL POLICY STATEMENT AND BUDGET ESTIMATES FOR FY 2023/24.

SN	Name	Signature
	Dr. Batwe Timothy Lusaka	