Health Sector Issues Paper

PRESENTATION TO THE REGIONAL LOCAL GOVERNMENT BUDGET FRAMEWORK PAPER FY 2016/17

CONSULTATIVE MEETINGS

INTRODUCTION

- Health sector has finalized the Health Sector development Plan (HSDP) for the FY 2015/16 to 2019/2020.

  The HSDP goal is '***To accelerate movement towards universal health coverage with essential health and related services needed for promotion of a healthy and productive life'.***

HSDP – PRIORITY AREAS

1. Strengthening of the national health system including governance and regulatory framework.
2. Disease Prevention, mitigation and control.
3. Health Education and Promotion(Lifestyle, hygiene, nutrition)
4. Curative services.
5. Rehabilitation services.
6. Palliative services.
7. Health infrastructure.

Strategic Agenda towards Sustainable Development Goals .

Universal Health Coverage (UHC)

- All people are able to use needed health services (including prevention, promotion, treatment, rehabilitation, and palliation), of sufficient quality to be effective

- The use of these services does not expose the user to financial hardship (Introduce SHI.Strenghten partnerships, community ownership of their health)

What is needed for UHC?

- A strong, efficient, well-run health system that meets priority health needs through people-centred integrated care by:
  - informing and encouraging people to stay healthy and prevent illness
  - Early detection of health conditions
  - having the capacity to treat disease through additional recruitment of most critical cadres.
  - Helping patients with rehabilitation
- Affordability – a system for financing health services so that people do not suffer financial hardship when using them..i.e. Tax based financing, prepaid schemes,
- Access to essential medicines and technologies.(Adequate, reliable supply, safe)
- A sufficient capacity of well-trained, motivated health workers.
- Actions to address social determinants of health including; nutrition,water and sanitation,food and housing, etc.

HSDP SPECIFIC OBJECTIVES

1. To contribute towards the production of a healthy human capital for wealth creation through provision of equitable and sustainable health services.

2. To increase financial risk protection of households against impoverishment due to ill-health.

3. To address the key determinants of health through strengthening inter-sectoral collaboration and partnerships, by adopting a 'Health in all Policies' approach.

4. To enhance health sector competitiveness in the region, including establishing Centres of Excellence.

Proposed LG approaches improve health Service Delivery

- Adoption of a whole of life cycle approach to health by addressing adolescent health, school health, elderly, neonatal and gender issues in addition to the previous sector priorities of maternal and child health.
- Increased focus on addressing the quality of care challenges.
- Expansion of the PHC approach, from basic preventive services to Universal Coverage with comprehensive essential services.
- Increased Community participation and ownership in their own health through; Community Health Extension Workers and VHTs, HSD/Constituency task force,ICCM

Proposed LG Approaches to improve health Service Delivery

- Increase focus on addressing health risk factors as a holistic preventive approach to addressing the disease burden. Guidelines shall be circulated to the LGs on this approach.

- Collaborate with other sectors to have clear strategies for addressing all health determinants.

- Focus on proven high impact Prevention interventions e.g Immunisation, Child health days, sanitation, mass treatment, Timely reporting and information dissemination, strong and effective regulation., discarding of counterfeit medicines

- Focus on health worker productivity(improving working environment,minimise absenteeism), procurement and supply chain management

Progress on issues raised

Issue	Progress	Comments
Mass Hepatitis B. vaccination	Health workers have been vaccinated in FY 2014/15, the rest of the population above 15 years shall be vaccinated in FY 2015/16.	Shs 10 Bn was allocated in FY 2015/16 for interventions against Hep B countrywide and these interventions will continue in FY 2016/17
Provision of more treatment guidelines and provide support supervision for adherence	20,000 Copies of the Clinical guidelines were distributed to all LGs with support from SURE Project. Undertook support supervision	Soft Copies of the guidelines are available in the MOH website. And more distribution will be done during the DHOs meeting.

Progress on issues raised

Issue	Progress	Comments
Undertake Mass immunizations twice a year, Speed up GAVI procurements, VHT allowances, community Sensitization on service uptake.	Mass Measles vaccination campaign is planned for September 2015 with support from WHO and GOU. GAVI procurements of 1500 bicycles,600 Motor cycles,12 walk in cold rooms, 674 electric fridges, 355 solar direct drive fridges, 1000 vaccine carriers, 500 gas cylinders have arrived in the country.	The follow up activities for these equipment include, testing, engraving, Launching receipt by Government and installation.

Progress on issues raised

Issue	Progress	Comments
Delivery of medicines to hard to reach areas Islands	10 Motorized boats are expected by October 2015 for the island Districts and 4 insulated trucks for delivery of vaccines.	Initial Maintenance and operational costs will be provided under GAVI for island LGs
Delays or no NMS supplies to upgraded HCII and HC IIIs	The Health facility Inventory is being updated and harmonized with the NMS health facility list.	This shall be ready by December 2015

Progress on issues raised

Issue	Progress	Comments
Scale up of Uganda Sanitation fund to other LGs	The USF programme is covering 30 districts; Bushenyi, Sheema, Mbarara, Pallisa, Butebo, Kibuuku, Bukedea, Kumi, Ngora, Soroti, Amuria, Serere, Katakwi, Kaberamaido, Amolatar and Dokolo in the first phase and Nebbi, Zombo, Arua, Maracha, Koboko, Yumbe, Moyo, Kole, Lira, Apac, Alebtong, Otuke, Bulambuli, Butaleja and Budaka in the expansion phase.	The districts selection has been based on poverty maps and sanitation coverage while the districts of Mbarara and Bushenyi and Sheema have been selected due to their remarkable marketing skills in promoting Community-Led Total Sanitation (CLTS) (and to serve as learning districts for CLTS and sanitation marketing (sanmark).

Progress on issues raised

Issue	Progress	Comments
High HIV prevalence that needs HIV trust fund	HIV/AIDs Trust fund established but yet to be operationalised	Consultations are still going on with different stakeholders
Absenteeism of health workers due to uncoordinated study leave	Training committees have been sensitized on granting study leave	Districts need to develop training plans to guide granting of study leave.
Limited funding for the health services at DHOs	The PHC Non Wage allocation to DHOs and Medical Officers of Health from 20% in FY 2014/15 to 30% in FY 2015/16.	The sector expects increased supervision of Lower level Health facilities by DHOs. There is need for MoFPED to increase the PHC non wage for health facilities

Progress on issues raised

Issue	Progress	Comments
Direct transfers of PHC grants – accountability by Health facilities	Direct transfers guidelines have been circulated and some LGs sensitized	HUMC and Sub County Chiefs Should follow up utilization of the grants
Upgrading of health facilities	This is being done in accordance with the guideline for upgrading of health facilities. However there is need to increase the operational and maintenance costs to run the upgraded facilities	The funds are inadequate to upgrade most of the facilities eligible for upgrade.

Guidelines on Key LG Policy and Administrative issues – FY 2016/17

- Consolidating service delivery in HC IIIs. Every sub county should have a fully functional HC III. Government plans to upgrade HCIIs and construct new HCIIIs in areas where there are no HCIIs in a sub county.
- LGs to develop Human resources for health inventory by level of care (Functionalize the Human Resource Information System (HRIS). Training shall be carried out.
- LGs to Improve Private Health Providers reporting through the HMIS
- LGs to Strengthen HSD functionality
- LGs to Strengthen VHTs functionality especially partner coordination, training and supervision

Health Sub District Strengthening

- Shillings 4.7 billion has been added to the PHC NWR grant in the FY 2015/16. The additional Shs 4.7 bn, has been allocated to the HSDs, the majority of which are HC IVs. On Average HSDs have been allocated Shs .26 Million per annum.
- Where the HSD is based in a Private Not for Profit (PNFP) facility or General hospital the HSD money has been left at the DHO's office.
- The funds could not be directly allocated to the hospitals and PNFPs because of the need to keep within the amounts that had already been appropriated by Parliament to the Districts within the Medium Term Expenditure (MTEF) budget lines for FY 2015/16.
- The DHOs are advised to remit the funds to the respective PNFPs and General Hospitals within one week of receipt of the funds.

Guidelines to LGs on Health Sub District Strengthening

- Conduct mini- health Assemblies at that level with key partners at that level twice a year
- The reports from this will feed into district reports, and then to district level
- Operationalise outreaches
- Strengthen support supervision from HSD to lower level health facilities

Proposed grant allocation formula for the PHC Non wage Grant in FY 2016/17 and the mid-term: PHC and the DHO VFs

Variable	Weighing 2015/16	Weighting 2016/17	Justification
Hard to Reach Area	Fixed allocation	6	Mountainous, islands, rivers etc have peculiar terrain. Provides greater allocations to areas where costs are likely to be higher
District Population	70	70	Larger populations are assumed to have greater need for more services
Poverty	20	20	Approximates socio-economic goal of increasing access for poorer communities
Maternal Mortality Ratio	5	2	Equalizing health outcomes: many more women die due to pregnancy related causes and this has effect on the survival of the infants. Therefore strengthening the health system will address the causes that enhance disparities in MMR.
Infant mortality Ratio	5	2	Equalizing health outcomes: most of the causes of infant mortality are preventable using already proven interventions. These include immunisation, ORS, nutrition and hygiene. Therefore strengthening the health system will address the causes that enhance disparities in IMR.

Proposed Capital Development Allocation for FY 2016/17

- N.B. ***The capital grants are allocated based on assessment of need and prioritization.***
- Infrastructure costs 85%
- Investment Service Cost 10%
- Monitoring 5%

Local Government PHC grant allocation formular per facility

- The allocation to the health facilities at District level has been revised from the 2:1:4:2:1 to 3:3:2:2 for District, HC IV, HC III and HC II respectively.

- The ratios were arrived at based on an average weighted Standard Unit of Outputs(SUOs) per level of care. The parameters used included;
  - Inpatients data-Admissions
  - Outpatient data-Attendance
  - Out reaches
  - Deliveries
  - Immunisation coverage
  - ANC 1st Visit

Local Government PHC grant allocation formula

- The revision was in response to the concerns raised by the DHOs and other key stakeholders on the practicability of the 2:1:4:2:1 ratios after the emerging factors such as the division of districts and upgrading of facilities.
- The 3:3:2:2 ratio has therefore been used to allocate resources across the different levels of care.
- The 3 or the 30% of the PHC Nonwage will now be retained at the DHOs offices for administration and management services by the DHOs.
- Additional funds have been allocated to HSDs

Percentage allocations of PHC non wage for operational costs.

- FY 2015/16
  - Management /including capacity development 30%
  - Facilities excluding (HCII,HCIII and HCIV 70%

- **Suggested for FY 2016/17**
  - 15% for capacity Development for all at DHO level
  - 10% for management- DHO
  - 75% for facilities

Resource gap analysis-Non Wage

. Level Of Care	Suggested Average QUARTERLY requirement	Suggested Annual requirement based on SUOs	Current average quarterly allocation per level of care	Proportion of requirement funded by current budget per level	Sugested annual Funding Gap to be bridged in FY 2016/17
LG_Health_Office_(DHO_MHO)	24,840,000	99,360,000	8,931,750	**36%**	63,633,000
Municipal Health Office	15,558,000	62,232,000	11,235,606	**72%**	17,289,576
HC_IV/HSD	15,558,000	62,232,000	11,235,606	**72%**	17,289,576
HC_III	3,898,000	15,592,000	1,056,488	**27%**	11,366,048
HC_II	3,148,750	12,592,000	446,586	**14%**	10,808,656
Total					120,386,856

Allocation to General Hospitals

Level	Average Annual Amount	Average Quarterly allocation
HC 3	4,233,951	1,058,488
HC 4	44,942,423	11,235,606
GENERAL HOSPITALS	138,210,868	34,552,717
DHO's office	35,727,000	8,931,750

Allocations to PNFP (NGO) Health Facilities

PNFP			Annual Funding gap per facility
Levels	**Annual Average**	**Quarterly Average**	
HC 2	1,772,611	443,153	3,102,069
HC 3	4,352,861	1,088,215	7,617,506
HC 4	25,110,709	6,277,677	38,921,598
HOSPITALs	74,069,015	18,517,254	129,620,776

LEADERSHIP AND GOVERNANCE CHALLENGES

- Inadequate supervision
- Delayed accountabilities not only of GOU funds and HDPs support
- Parallel structures of implementation/Verticalisation of programs e.g EPI, HIV/AIDs, etc
- Weak coordination of partner supported activities at LG level
- Non functionality of some DHTs

HUMAN RESOURCES FOR HEALTH CHALLENGES

- Shortage of of critical health cadres such as (Medical officers, Midwives, anesthetists, Cold chain technicians) is still a challenge due to inadequate wage provision. Staffing levels still at 69% on average in Most LGs

- Absenteeism at 46%.

Health Infrastructure/Products Challenges

- Expansion and upgrading of health facilities in terms of service points, infrastructure and equipments will require additional funds for utilities, maintenance, Human resources, supplies and medicines (Operational costs).
- Poor maintenance of existing infrastructure and equipment
- Hazardous chemicals and drugs

Recommendations to address Challenges in LG service delivery in FY 2016/17

- Introduce Performance / results based financing for some programtic areas in a phased manner
- Issue guidelines for Performance contracts to LG managers
- Better coordination of partner support and strengthen joint/participatory planning
- Functionalise Governance structures (HUMC, DHTs, SCC)
- Good governance and stewardship (DHOs, CAOs, Incharges)
- Resource mobilization

Recommendations to address Challenges in LG Service Delivery in FY 2016/17

- Enhance supervision by LGs and Central government
- Improve on Inter- sectoral collaboration
- Timely quarterly reporting by LGs using OBT/HMIS
- Increase the grants for non wage for health facilities and medicines credit line under NMS. The cost implementation matrices have been developed.
- Developing guidelines on hazardous chemicals causing cancer

Health systems strengthening initiative

The Goal is to facilitate implementation of an action plan to improve health worker productivity, procurement and supply chain management for better quality of health service delivery.

Intervention areas Local Governments/Central Government shall prioritize include;

- Tackling absenteeism/Presenteeism-through integrated supervision
- Improving work environment
- Strengthen internal controls
- Increase number of regional medicines/vaccines storage facilities
- MOH shall develop plans for PPPH to play a major role in Supply chain management under the PHC NGO grant.
- Introduce Results based financing in a phased manner
- Development of an Atlas for Health Facilities in each LG
- Discuss with MOFPED,PNFPs, and JMS on centralising PHC NGO grant for medicines at JMS. Details shall be contained in the PHC Guidelines.