

**IS THE HEALTH SECTOR DEVELOPMENT PLAN ON TRACK FOR THE INFRASTRUCTURE COMPONENT?****Overview**

The Health Sector Development Plan 2015/16-2019/20 cites Health Infrastructure as one of the key focus areas. It comprises buildings - both medical and non-medical; Equipment - medical equipment, furniture and hospital plant; Communications (ICT equipment); and Ambulatory systems (ambulances, cars, pickups, vans, trucks, among others as required for healthcare delivery at different levels).

The plan intends to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life. UHC makes it possible to ensure that all people receive essential and good quality health services they need without suffering financial hardship.

The briefing paper discusses the financing trends of the sector and the progress of implementation of selected milestones of the infrastructure component of the Health Sector Development Plan in its third year of implementation.

Key Issues

- Execution of the Health Sector Development Plan is slow, and it lacks clear annualized outputs over the implementation period. Only four milestones are on track, of which one has been achieved (construction of oxygen plants).
- The sector funding has consistently been below 15% of the national budget as per the Abuja Declaration.
- The sector is thinly distributing resources across the country with many projects ongoing but at a very slow pace.
- The sector is poorly performing in terms of equipping health facilities, with a number having non-functional equipment.

Introduction

This Health Sector Development Plan (HSDP) 2015/16 - 2019/20 is the second in a series of six 5-year plans aimed at achieving Uganda Vision 2040 of a healthy and productive population that contributes to socio-economic growth and national development. This Plan prioritizes investment in seven health systems areas including; health governance and partnerships; service delivery systems; health information; health financing; health products and technologies; health workforce and health infrastructure.

Financing

The plan requires an estimated US\$15.58 billion. Funding was expected to grow from US\$2.23 billion in the first year to US\$3.79 billion in the final year. The table 1 shows the plan financial requirements by year and the funding so far allocated. The funding gap is large and this could be partly because of the current government policy of stimulating economic growth and development through investments in infrastructure such as energy and roads.

**Table 1: Financial Requirement; Allocated Funds, Percent Share and Financing Gap**

FY	Annual requirement (US \$ Million)	Ex rate	Annual Requirements (Ug shs billion)	Allocated Ug shs billion	Percent share of budget	Financing gap (Ug shs billion)
2015/16	2,245.49	3500	7,859.215	1,270.81	5.7	7,857.944
2016/17	2,633.20	3500	9,216.200	1,827.26	8	9,214.372
2017/18	3,386.97	3500	11,854.395	1,824.08	6	11,852.570
2018/19	3,528.26	3500	12,348.910	1,636.00	7.4	12,347.274

Source: HSDP and Approved Estimates of Revenue and Expenditures

The sector allocation increased in the second year of implementation, but later recorded a declining trend in absolute terms over the subsequent three-year period. The percentage share of the National Budget has exhibited a fluctuating trend and has consistently been below the Abuja Declaration of at least 15% of the National Budget, and not in tandem with the financial requirements of the Plan.

Achievement of targets

Overall performance is poor with six out of the ten selected milestones registering slow progress, while three are on track and one for the construction of oxygen plants achieved. In addition to the declining allocation to the sector in absolute terms over the three-year period (Table 1), the sector lacks clear annualized outputs over the implementation period of the HSDP. This has in part led to spreading thin of the resources across the spending units and has resulted in stalling of projects across the spending entities in the country. For instance, at the Regional Referral Hospitals (RRHs) major construction works had stalled or progressing at a very slow pace (Masaka-Maternity ward; Private Wing in Jinja, Pediatric and Surgical Complex in Mubende; 54-unit staff house at Gulu RRH and staff quarters at Soroti RRH). The poorly performing areas under infrastructure component are availability and functionality of equipment, and ambulances/transport means.

Table 2: Performance of selected milestones for Infrastructure component of the Health Sector Development Plan

Milestones	Measures of success			
	Baseline	Target of 17/18	Progress	Achievement and remark by Half year 17/18
Renovate and consolidate the existing health infrastructure for effective service delivery				
Mulago Hospital rehabilitated and upgraded	30%	100%	On track	85% achieved. The project may achieve the target. It has however experienced project time extensions.
Mbarara Hospital rehabilitated and upgraded	50%	75%	Slow	65% for the staff accommodation. The master plan consisting of all the major structures is still at design stage. The hospital is constrained in provision of services and teaching facilities to the medical students.
General Hospitals (GHs) fully rehabilitated	2	20	Slow	23 Local Governments s were supported with funds to expand and renovate the following hospitals and HC IVs; Adjumani GH, Kitgum GH, Kabarole GH, Kiboga GH. Kapchorwa GH, Pallisa GH, Itojo GH, Kitagata GH, Bugiri GH, Atutur GH, Apac GH, Abim GH, Bundibugyo GH, Kaberamaido GH, Masindi



				GH, Kagadi GH, Kambuga GH, Tororo GH, Gombe GH, Bududa GH and Kaabong GH. Maracha HC IV and Rukunyu HC IV are upgrading to general hospitals. The grant is however meagre and does not facilitate complete rehabilitation.
RRHs fully rehabilitated	0	5	On track	All the 14 regional referral hospitals have a rehabilitation project whose funding is however meagre to facilitate full rehabilitation. A number of projects had stalled due to funding constraints at various regional referral hospital.
Number of new hospitals constructed (Kawempe, Kiruddu, Rubaga, KCCA Central Division)	2	3	On track	Kawempe and Kiruddu were 99% complete and a number of equipment was delivered and installed. Snags and lack of proper sewerage systems undermined service delivery for both Kawempe and Kiruddu hospitals. At Kawempe Hospital, there was sewerage leakage through the theatre ceiling thus compromising the safety of the clients.
Develop and upgrade health infrastructure based on need to promote equitable access to quality health care				
Regions with Regional Blood Banks	3	8	Slow	There are six regional blood banks (Nakasero, Mbale, Gulu, Arua, Mbarara and FortPortal) with collection centres (Jinja, Soroti, Lira, Nebbi, Rukungiri, Kabale, Masaka, Hoima, Gulu, Kitovu). These facilities are however ill equipped, some with faulty equipment. Cool boxes, couches, vacutainers, reagents, and test kits were inadequate, while equipment like architect, lazer machines for analysis and screening of Transmissible Transfusion Infections were faulty, for instance Fort Portal and Mbarara regional blood banks.
Oxygen / medical gas plants established at RR Hospitals	0	6	Achieved	Target surpassed as all the 14 regional referral hospitals had oxygen plants constructed and these are operational.
Centre of excellence with established homes (Uganda Heart Institute-UHI, and UCI)	0.5 Uganda Cancer Institute (UCI)	2 UCI & UHI	Slow	Both centers do not have adequate space to offer specialized services. The fully-fledged homes had not been established. The case is worse for the Uganda Heart Institute.
Procure, distribute and maintain appropriate medical equipment at all levels of health service delivery				
Health facilities equipped	60%	75%	Slow	Medical Equipment and Hospital Furniture for 2 RRHs, 17 GHs and 27 HC IVs provided and in use, while in other health facilities the equipment provided under the Uganda Health Systems Strengthening Project was withdrawn and has not been replaced at the various facilities. Majority (80%) of the health facilities either lack or have faulty diagnostic and imaging equipment.



				In terms of maintenance, the Ministry of Health (MoH) contracted Dash Technologies to maintain all Philips equipment in health facilities /hospitals in Uganda. It was however, noted that many facilities had imaging equipment that were not Phillip products that required maintenance and the MoH did not have clear plans for their maintenance.
Procure, distribute and maintain appropriate means of transport at all levels based on need				
Hospitals and HC IVs with functional multipurpose vehicles	10%	50%	Slow	<p>Below target. Majority (85%) of health facilities lack functioning ambulances and/or transport means.</p> <ul style="list-style-type: none"> • 19 Ambulances, 2 for RRH and 17 for GH distributed and in use. • 46 General transport vehicles for 2 RRHs, 17 GHs and 27 HC IVs distributed and in use. • Two (2) Mobile workshop vehicles in use at Mubende and Moroto RRH. • Two (2) more Mobile workshop vehicles procured for Jinja and Masaka RRH.

Source: Health Sector Development Plan 2015, BMAU reports, Approved Estimates of Revenue and Expenditure, Annual Health sector Performance Report 2016/17

ensure that the plan targets are achieved.

Conclusion

Achievement of infrastructure milestones in the HSDP is slow. Spreading thin of the meagre allocations to the sector has undermined achievement of majority of the midterm targets. The unavailability of functioning imaging equipment and ambulances/vehicles across health facilities is the commonest constraint.

References

- BMAU Monitoring Reports FY 2015/16 – FY 2017/2018.
- The Health Sector Development Plan (2015/16-19/20)
- Annual Health Sector Performance Report (2016) FY2015/16

Recommendation

1. The MoH should annualize the outputs as they review the Health Sector Development Plan to increase focus and accountability in implementation and achievement of sector outcomes.
2. The MoH and sector agencies should enhance engagement with the MFPED to guide them in proper planning and budgeting, to ensure projects are completed one at a time to ensure value for money.
3. The MoH should fast-track the milestones that are lagging behind to

Budget Monitoring and Accountability Unit (BMAU)
Ministry of Finance, Planning and Economic Development
 P.O Box 8147
 Kampala
www.finance.go.ug