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Regional East African Community Health (REACH) Policy Initiative Project
Uganda Country Office

**PRIORITY HEALTH POLICY AND SYSTEM CHALLENGES
(2008-2010)**

Submitted by:

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EVIDENCE-INFORMED POLICY MAKING: HEALTH POLICY AND SYSTEMS ISSUES

Setting REACH-Policy Initiative Priorities for 2008-2010

A. Review existing policy documents with the aim of identifying upcoming policy issues

A review of the upcoming issues was carried out in May 2008 at the Policy Analysis Unit (PAU) of the Ministry of Health (MOH) Headquarters, Kampala. A meeting was held with the Principal Policy Analyst, Mrs. Christine Mubiru of the PAU/MOH to ascertain the available drafts of upcoming policy issues at different stages in the Ministry of Health. A request had been made from different Divisions and institutions of the MOH to provide policy documents from that were being worked on. At the time of the review some institutions and Departments had not presented their drafts. A health policy was defined as a program of action whose aim is to improve health conditions of the people. The overall aim is to bring about sector reforms. Health sector reforms are part of the overall economic, social and political reforms and they are implemented in an effort to improve health services management and supervision. These reforms are intended to decentralize health systems, reduce bureaucracy, and increase cost-effectiveness and efficiency in part by reorganizing services, streamlining management, and allocating resources to better meet local needs.

There are several policies which are being developed to address areas of coordinating health research so that results can be used in evidence policy making, areas of health care financing, and human resources for health. From what was available the following list of upcoming policies was identified:

- **Uganda Health Research Policy:**

Health research encompasses the spectrum from the biomedical sciences (such as creation of affordable and accessible drugs, vaccines and diagnostics) to systems research, social sciences, political sciences, health economics, behavioural and operational research, and research into the relationship between health and the cultural, economic, physical, political, social and policy environments. The conduct of good research needs to be guided. For a long time it was the recommendation of the Ministry of Health (MOH) that health research be accorded a higher profile. First it was proposed that the research institutes operating under the MOH be integrated, coordinated and administered under an autonomous body. Secondary it was proposed that over and above this responsibility, the autonomous body to be formed should coordinate all the health research undertaken in the whole country. A health policy has thus been drafted to guide the conduct and utilization of health research in the country.

- *Uganda Health Laboratory Services Policy:*

The underlying philosophy and rationale of this policy is that health laboratory services are essential for the delivery of quality health care and should be made available to all the people of Uganda. Poor health laboratory services subject patients to inappropriate treatments, chronic ill health, high out-of-pocket expenditures on health care, loss of incomes and ultimately loss of confidence in health services. Poor laboratory services are also costly to the laboratory financiers in terms of high wastages of scarce resources on ineffective treatments, loss of economic productivity of the population due to chronic illness and loss of life. There fore this policy is aimed to providing a framework and guidance for ensuring that laboratory services in Uganda are strengthened so as to adequately support the effectiveness and efficient delivery of the Uganda National Minimum Health Care Package to all the people of Uganda as advocated by the National Health Policy.

- *Male circumcision for HIV/AIDS Prevention Policy:*

Existing scientific evidence demonstrates potential medical benefits of male circumcision for prevention of transmission of HIV. Several types of research have documented that male circumcision significantly reduces the risk of HIV acquisition by men during penile-vaginal sex. It is also possible, but not yet adequately assessed, that male circumcision could reduce male-to-female transmission of HIV, although probably to a lesser extent than female-to-male transmission. Male circumcision has also been associated with a number of other health benefits. Although there are risks to male circumcision, serious complications are rare. Accordingly, male circumcision, together with other prevention interventions, could play an important role in HIV prevention in settings similar to those of the clinical trials. Uganda's Ministry of Health plans to introduce a no-cost, countrywide male circumcision program in an effort to prevent the spread of HIV. A draft policy has been produced. The policy is to make sure that this service is provided to the public in a safe manner. Health care leaders are consulting HIV/AIDS and service delivery stakeholders to determine "how best" to implement the program. Presently the policy is being discussed together with ethical implications associated with the program and to build a consensus before launching it.

- *Task shifting for health workers policy*

Propelled by the launch of WHO policy guidelines on task shifting in January, 2008, The Uganda Ministry of health is adapting to this generic policy to initiate its own. This policy is aimed at Reorganization and decentralization of health services according to a task shifting approach which can help to address the current shortages of health workers. This is the Task shifting policy. The principle of task shifting—ie, the allocation of tasks in health-system delivery to the least costly health worker capable of doing that task

reliably. In countries with critical shortages of physicians and nurses, the skill mix and distribution of available health care workers are often out of sync with national health care needs. Task shifting is increasingly considered a promising intervention for strengthening national health coverage by improving the strategic skill mix in the country's health care system. Task shifting refers to two processes: 1) shifting tasks from one cadre of health care worker to an existing, lower-level cadre and 2) shifting tasks to a new cadre developed to meet specific health care goals.

- Community Health Insurance policy:

Community Health Insurance (CHI) in Uganda faces low enrolment despite interest by the Ugandan health sector to have CHI as an elaborate health sector financing mechanism. User fees have been abolished in all government facilities and CHI in Uganda is limited to the private not for profit sub-sector, mainly church-related rural hospitals. Focus group discussions and in-depth interviews have been carried out with members and non-members of CHI schemes in order to acquire more insight and understanding in people's perception of CHI, in their reasons for joining and not joining and in the possibilities they see to increase enrolment. Problems in ability to pay the premium, poor quality of health care, the rigid design in terms of enrolment requirements and problems of trust are other important reasons for people not to join. While a draft policy has been made relevant elements for the design of the national policy on CHI in Uganda are still being discussed with stakeholders.

- HIV/AIDS work policy

The "National Policy on HIV/AIDS and The World of Work", was developed by the Ministry of Gender and Social Development together with the Ministry of Health. It provides basis for organisations to put in place comprehensive workplace programmes, combining prevention, care and the protection of rights of all employees and it is very crucial in setting the tone for communicating about HIV at the workplace. The policy applies to all sectors- all workers and prospective workers from the public and private sectors both formal and informal as well as the self employed. Implementation of HIV/AIDS policies in places of work is likely to minimise the possibility of HIV infection among workers, ensure a supportive work environment for workers infected and affected by HIV/Aids, manage and mitigate the impact of HIV/Aids and also eliminate stigma and discrimination in the workplace on the basis of one's HIV status. The policy reverses a disconcerting trend where prospective workers have been denied employment just because they are HIV positive or found positive after being forced to take an HIV test, many more workers have lost their jobs, because they tested positive for HIV. It also provides a win-win situation by making stipulations that protect the rights and dignity of

workers, while concurrently addressing the labour and profit concerns of the employers. The policy is a welcome indication of the government's determination and commitment to protect the rights and dignity of all workers irrespective of their HIV status.

B. Interviews with key informants in government, civil society and academia to identify potential policy issues that could be informed through the application of research evidence

To further follow up the information gained on “policies in the making” at the Ministry of Health, interviews of stakeholders including technical people at the MOH were carried out. The interviews were of two types: i) Self assessment and in-depth interviews.

The purpose of the interviews was to obtain information about the ongoing and/or planned reforms/changes in the health sector and learn more about the policy-making process. The other purpose was to obtain information on if and when the research evidence is helpful and/or contributing to the policy making process. This would allow an assessment of gaps in evidence to policy linkages.

Three groups of people were interviewed:

- i) National level policy makers in the Ministry of Health.
- ii) Health Research Institutions and the Health Research Coordinating Organisation
- iii) Health advocacy and civil society

In-depth interviews:

a) Current Priority Health Policy and System Challenges Identified:

- Lack of funding to the health facilities to be able to function optimally
- Lack of drugs in Government hospitals
- Not enough health personnel to provide the services
- HIV/AIDS continues to increase despite an initial drop in prevalence
- Availability of ART drugs to more people living with HIV/AIDS
- Mortalities due to malaria, especially in children
- Resistance of malaria drugs
- Expensive malaria drugs
- Teen pregnancies
- High Infant mortalities
- Use of DDT for indoor spraying to control malaria

b) Current or planned reform efforts in the health sector of your country

The major reform that is being discussed in the Ministry of Health is the introduction of Community Health Insurance.

c) The most important three policy issues the (ministry) is dealing with:

- a. Male circumcision for HIV/AIDS Prevention Policy:
- b. Task shifting for health workers policy
- c. Community Health Insurance policy

d) The process of policy development:

There is generally one process which is followed in the MOH. The process is outlined below in subsection C (ii).

The need for change in policy arises in several different ways. Sometimes it is the Ministry which requests for a change in policy, at times, it is a change in policy that has been recognised internationally and there is a request to change through the World Health Organisation. At other times it is researchers who come up with evidence that there is need to change policy. Sometimes the civil society may indicate that there is a need for a change in policy.

The final decision on the policy is taken by Parliament in many cases where the policy affects all people (civil society). In some cases it may be left to the Cabinet level or to the Top Management Committee of the MOH to take the final decision depending on the nature of the policy.

e) Is evidence used in policy development?

For most of the policies, evidence is used in defending the policy. The group that is entrusted in making a draft of the policy collects all available evidence, analyses it and writes a background paper /policy brief which is then discussed by stakeholders. **The practice is fairly systematic.**

f) Critical players/contributors in policy development

Government agents:

- Ministry of Health
- Other Govt. Ministries, e.g. Education, Agriculture, Environment, Gender and Labour, etc.
- Parliament
- The Uganda National Council of Science and Technology

Research Organisations:

- Uganda National Health Research Organisation
- *Uganda Virus Research Institute*
- *National Chemotherapeutics Research Laboratory*
- *Cancer Research Institute*
- *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University*
- *School of Public Health, Makerere University*
- *Makerere University Institute of Social Research*
- *Uganda Communications Promotion of Health Research,*
- *NGO Carrying out Health Research (e.g. Plan International, The Uganda Red Cross, NURU*

Private sector and civil society:

- *Uganda National Health Consumers and health Users Organisation*
- *National Workers Unions*
- *PPP*
- *Radio and TV stations*
- *Newspaper publishers*

g) Development partners/donors contributing to health sector reforms in the country:

DFID, World Bank, UNFPA, UNICEF, DANIDA, USAID, FIND, WHO, COHRED,

Self Assessment interviews:

- a) For Health Services and Health Policy Organizations:

The purpose of this self-assessment tool was to help organizations evaluate their capacity to use research evidence in the design of policies. The Ministry of Health and Health policy department in particular were able to show that find and obtain the research findings which are reliable, relevant, and applicable for policy formulation. It is this information which they use for decision making.

- b) For Research and Advocacy Organizations

The purpose of this self-assessment tool was for the research and advocacy organizations to evaluate their capacity to identify policy challenges/issues in the country and timely use of research evidence to inform policies. The groups interviewed showed that most of the research carried out in the institutions is addressing priority issues that the country identified. In which case it is pertinent and relevant for providing evidence

for further action to be taken. The research results are often freely, and easily accessible. In many organizations there are structures and processes for dissemination and promotion of use of results for policy making.

Key informants who were interviewed:

Dr. Sam Zaramba, Director General of Health Services, Ministry of Health, Uganda
Dr. Kenya Mugisha, Director of Health Services, Ministry of Health, Uganda
Dr. Lawrence Kaggwa, Director of Health Services (P, R&D), Ministry of Health, Uganda
Dr. Runumi Francis, Commissioner for Health Policy, Ministry of Health, Uganda
Dr. George Bagambisa, Asst. Commissioner for Planning, Ministry of Health, Uganda.
Prof. Raphael Owor, Director, Uganda National Health Research Organization, Entebbe
Prof. Emmanuel M. Kaijuka, Commissioner QC/QA, Ministry of Health, Uganda
Dr. Edward. Katongole Mbidde, Director, Uganda Virus Research Institute, Entebbe
Mr. Ismail Baragahare, Uganda National Council of Science and Technology
Ms Christine Rebecca Mubiru - Principal Policy Analyst, Ministry of Health
Dr. Nelson Musoba, Planning Department, Ministry of Health, Uganda
Ms Jenifer Bakyawa -Coordinator, Uganda Communications Promotion of Health Research, Makerere School of Public Health
Mr. Babi Nackson - Plague Program Officer, Uganda Virus Research Institute
Ms Robinah Kaitiritimba, Uganda National Health Consumers and health Users Organisation

C. Stakeholders for the different policies and the process to be used in policy formulation:

(i) The most important stakeholders involved in policy making

- *Uganda Health Research Policy:*
 - *Ministry of Health*
 - *The Uganda National Council of Science and Technology*
 - *Uganda National Health Research Organisation*
 - *Uganda Virus Research Institute*
 - *National Chemotherapeutics Research Laboratory*
 - *Cancer Research Institute*
 - *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University,*
 - *Ministry of Education*
 - *NGOs involved in Health research*
 - *Development partners supporting research (DFID, WHO, DANIDA, etc)*
 - *District Medical Officers*
 - *Uganda National Health Consumers and health Users Organisation*

- *Uganda Health Laboratory Services Policy:*

- *Ministry of Health*
 - *The Uganda National Council of Science and Technology*
 - *Uganda National Health Research Organisation*
 - *Uganda Virus Research Institute*
 - *National Chemotherapeutics Research Laboratory*
 - *Cancer Research Institute*
 - *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University,*
 - *Ministry of Education*
 - *Medical Laboratories Training Institutions*
 - *Nurses Council*
 - *Medical and Dental Practitioners Council*
 - *NGOs involved in Health activities*
 - *Local Government Personnel*
 - *Development partners supporting health activities*
 - *District Medical Officers*
 - *Uganda National Health Consumers and health Users Organisation*
 - *Private for profit laboratories representatives*
- *Male circumcision for HIV/AIDS Prevention Policy:*
 - *Ministry of Health*
 - *The Uganda National Council of Science and Technology*
 - *Uganda National Health Research Organisation*
 - *Uganda Virus Research Institute*
 - *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University,*
 - *School of Public Health, Makerere University*
 - *Medical and Dental Practitioners Council*
 - *NGOs involved in Health activities*
 - *Local Government Personnel*
 - *Development partners supporting health activities*
 - *District Medical Officers*
 - *Uganda National Health Consumers and health Users Organisation*
 - *Religious Organisations*
- *Task shifting for health workers policy*
 - *Ministry of Health*
 - *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University,*
 - *School of Public Health, Makerere University*
 - *Ministry of Education*
 - *Nurses Council*
 - *Nurses training institutions*
 - *Medical and Dental Practitioners Council*
 - *NGOs involved in Health activities*

- *Local Government Personnel*
- *Development partners supporting health activities*
- *District Medical Officers*
- *Uganda National Health Consumers and health Users Organisation*

- *Community Health Insurance policy:*
 - *Ministry of Health*
 - *The Uganda National Council of Science and Technology*
 - *Uganda National Health Research Organisation*
 - *Uganda Virus Research Institute*
 - *National Chemotherapeutics Research Laboratory*
 - *Cancer Research Institute*
 - *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University,*
 - *Ministry of Education*
 - *Ministry of Labour*
 - *Medical Laboratories Training Institutions*
 - *Nurses Council*
 - *Medical and Dental Practitioners Council*
 - *NGOs involved in Health activities*
 - *Local Government Personnel*
 - *Development partners supporting health activities*
 - *District Medical Officers*
 - *Uganda National Health Consumers and health Users Organisation*

- *HIV/AIDS work policy*
 - *Ministry of Health*
 - *The Uganda National Council of Science and Technology*
 - *Uganda National Health Research Organisation*
 - *Uganda Virus Research Institute*
 - *National Chemotherapeutics Research Laboratory*
 - *Cancer Research Institute*
 - *The Medical Schools of Makerere University, Mbarara University of Science and Technology, Islamic University in Uganda, and Gulu University,*
 - *Ministry of Education*
 - *Ministry of Labour*
 - *Medical Laboratories Training Institutions*
 - *Nurses Council*
 - *Medical and Dental Practitioners Council*
 - *NGOs involved in Health activities*
 - *Local Government Personnel*
 - *Development partners supporting health activities*
 - *District Medical Officers*
 - *Uganda National Health Consumers and health Users Organisation*

(ii) The likely processes to be used in policy formulation

The Participatory Approach (Consultation) is used in the process of policy formulation. For all the policies passed by the MoH, the process of formation and promulgation is consultative and follows a participatory approach.

The Department or institution which is interested in initiating the process begins with collecting the necessary background data and information from various sectors and it prepares an initial background policy paper. The interested body or institution manages the process. First, the interested group announces that they are undertaking a policy formulation process. The second stage is identification of stakeholders to be consulted. Third, the consultations with the relevant stakeholders commence. Stakeholders here include other relevant government ministries, service providers, civil society organizations, academia, special interest (pressure) groups, local (district) governments and development partners.

A draft policy is generated. Review and revision of the draft are carried out by a technical team at the MoH. The draft is then distributed to stakeholders to review. Stakeholders comments are included. A stake holders meeting is then called for deeper discussions about the draft.

The draft policy is then submitted to the Policy Analysis Unit of the Ministry of Health. It is reviewed and presented to top Management. From here, when passed, it is submitted to the cabinet. From Cabinet, the draft is submitted to the Health Sectoral Committee of Parliament. When the draft is discussed and passed, it submitted to Parliament for approval. Parliamentary approval is necessary for those policies that require legislative action.