

Uganda



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	36346
% Population under 15 (2012)	48.54
% Population over 60 (2012)	3.72
Life expectancy at birth (2012) Total, Male, Female	58 (Female) 56 (Male) 57 (Both sexes)
Neonatal mortality rate per 1000 live births (2012)	23 [14-36] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	69 [57-84] (Both sexes)
Maternal mortality ratio per 100 000 live births(2010)	310 [200-500]
% DPT3 Immunization coverage among 1-year olds (2012)	78
% Births attended by skilled health workers (2011)	58
Density of physicians per 1000 population (2005)	0.117
Density of nurses and midwives per 1000 population (2005)	1.306
Total expenditure on health as % of GDP (2011)	9.5
General government expenditure on health as % of total government expenditure (2011)	10.8
Private expenditure on health as % of total expenditure on health (2011)	73.7
Adult (15+) literacy rate (2010) Total	73.2
Population using improved drinking-water sources (%) (2011)	91 (Urban) 72 (Rural) 75 (Total)
Population using improved sanitation facilities (%) (2011)	35 (Total) 35 (Rural) 34 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 148 countries (2012)	110
Human Development Index rank out of 186 countries (2012)	161

Sources of data:

Global Health Observatory April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Life expectancy at birth in Uganda stands at 57 years for both sexes. Some indicators have shown improvement in the recent past. IMR reduced from 76 deaths per 1000 live births in 2006 to 54 deaths per 1000 live births in 2011 while MMR reduced from 435 per 100 000 live births in 2006 to 320 deaths per 100 000 live births in 2010. HIV prevalence has slightly increased from 6.4% in 2004/05 to 7.3% in 2011. The total fertility rate is approximately 6.2 births per woman. 88% of the population live in rural areas. 48.5% of the population are male while 49% of the population are persons under the age of 15 years and 18.5% are under 5 years.

The burden of disease remains predominantly communicable diseases although there is also a growing burden of noncommunicable diseases (NCDs) including mental health disorders. Maternal and perinatal conditions also contribute to the high mortality. Neglected tropical diseases (NTDs) remain a big problem in the country affecting mainly rural poor communities. Furthermore, there are wide disparities in health status across the country, closely linked to underlying socio-economic, gender and geographical disparities.

Uganda is hosting an increasing number of refugees from the neighbouring countries' conflicts and is under threat of polio importation. Uganda has recently experienced outbreaks of viral haemorrhagic fevers (e.g. Marburg and Ebola), Hepatitis E, cholera, plague as well as other emergencies. Efforts at prevention of these infections are being scaled up in the country, including increasing capacities for IHR implementation.

HEALTH POLICIES AND SYSTEMS

Uganda has a National Development Plan 2010/11-2014/15, National Health Policy II 2010-2020 and a Health Sector Strategic and Investment Plan 2010/11-2014/15 to guide the strategic focus for the health sector. The process of developing the subsequent National Development Plan and Health Sector Strategic and Investment Plan is underway. The overall development goal of the HSSIP is "the attainment of a good standard of health by all people in Uganda, in order to promote a healthy and productive life". The programme goal is "reduced morbidity and mortality from the major causes of ill-health and premature death, and reduced disparities therein".

Uganda has a decentralized system of government, currently having 112 districts which have increased from 56 districts since 2005. Total Health Expenditure (2009) is \$52 per capita while household expenditure on health as a percentage of Total Health Expenditure (2009) is 42%. The resources available for health are less than required to deliver the Uganda National Minimum Health Care Package. Household continue to carry a heavy burden with a high Out of Pocket expenditure on health. Alignment to sector priorities, efficiency in resource allocation and utilization, especially of donor funds need to be improved. Following a recent recruitment exercise the overall staffing levels at Health Centres IV and III has improved from 57% in 2012 to approximately 70% in 2013. Gaps in human resources for health, in numbers, skill mix and distributions continue to pose a challenge for effective service delivery.

Capacity in planning, management and human resource development remains weak especially at the decentralized levels, exacerbated by the high number of districts. Despite improvements in availability of medicines and other essential health supplies, challenges remain in achieving harmonized procurement and supply chain management. Monitoring and evaluation need to be strengthened especially collection of good quality data, analysis and use at all levels. Although improving health is a multi sectoral effort, structures to foster coordination and collaboration with health related sectors remain inadequate.

COOPERATION FOR HEALTH

Uganda has been implementing a Sector Wide Approach (SWAp) to health sector coordination and support since 2000. With the launching of the Health Sector Strategic and Investment Plan 2010/11-2014/15, the Memorandum of Understanding guiding the cooperation between government and partners transitioned into the IHP+ Uganda Country Compact signed by Government of Uganda and the development partners, private not for profit and civil society supporting health. The development partners include the African Development Bank, Belgian Co-operation, DANIDA, DfID, the EU, FAO, French Cooperation, GTZ, Ireland Aid, Italian Cooperation, JICA, Netherlands Co-operation, NORAD, SIDA, CIDA/DFATD, UNDP, UNICEF, UNFPA, UNHCR, USAID, the World Bank and WHO.

According to the National Health Accounts for FY 2009/10, public funds accounted for 15%, private funds 49% and the international NGO's and Donors 36% of Total Health Expenditure. Uganda receives funds from Global Initiatives such as the GFATM and GAVI, funds for humanitarian assistance through the Consolidated Appeal Process and other mechanisms. Uganda signed up to the Rome and Paris Declarations to improve the effectiveness of development assistance and has provided baseline indicators to enable monitoring of progress.

At the sector level, the Sector Wide Approach processes and the International Health Partnership+ have greatly improved harmonization and alignment to sector priorities. Within the international humanitarian community, the Inter Agency Standing Committee is the primary mechanism for inter-agency coordination, policy development and decision making on humanitarian assistance. The United Nations, the Common Country Assessment and the UNDAF present a concerted effort to harmonize the UN's programme of work and align to national programmes.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009-2014)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Promote health and prevent disease</p>	<ul style="list-style-type: none"> Promote health and prevent disease: (a) Develop comprehensive advocacy packages to increase community awareness and strengthen institutional capacity to develop health promotion programmes and implementation of appropriate interventions; (b) Provide technical support on application of methods such as behaviour change communication, health education, social mobilization, and advocacy in health programmes; (c) Support priority health programmes to empower individuals, families and communities to participate in disease prevention and demand quality health services Tackle Social Determinants of Health: (a) Document underlying socioeconomic determinants of health, raise awareness and stimulate appropriate inter-sectoral action; (b) Coordinate actions aimed at addressing the broad determinants of health that influence health and well-being
<p>STRATEGIC PRIORITY 2: Focus on Programmes of National Interest</p>	<ul style="list-style-type: none"> Malaria: Support an integrated approach to malaria control focusing on case management, strengthening diagnostics; integrated vector control, particularly IRS and ITNs; intermittent preventive treatment for malaria in pregnant women; and early epidemic detection and response HIV/AIDS: Support and maintain HIV prevention, treatment, testing and care services towards universal access to HIV services Tuberculosis: Support implementation of the Stop TB Strategy and provide technical assistance in detection, successful treatment, monitoring of drug resistant TB, resource mobilization and strengthening partnerships Neglected Tropical Diseases: Strengthen partnerships to increase access to integrated services that will enable attainment of NTD control, elimination, and eradication goals; and provide surveillance and monitor progress towards attainment of control, elimination and eradication goals Noncommunicable Diseases: Support generation of evidence on the burden of NCDs, development of appropriate guidelines, strengthening service provision, surveillance, information systems and monitoring of the NCDs in Uganda Reproductive Health, Child and Adolescent Health and Nutrition: Support implementation of the Road Map for reduction of Maternal Mortality, the Child Survival Strategy; operationalize school health policy for delivery of a defined package of health services to school-going children; mainstream Adolescent Friendly Health Services into routine service delivery; support rolling out of the Uganda National Action Plan in scaling up evidence based nutrition actions
<p>STRATEGIC PRIORITY 3: Health Systems Strengthening</p>	<ul style="list-style-type: none"> Organization and Management of Health Services: Support the strengthening of the health sub-districts, including capacity-building and institutional strengthening; support integration of health services; Support strengthening of hospitals for better service delivery; Support strengthening the village health teams (VHT) programme Health Financing: Support budgeting and planning process ensure equitable resource allocation and harmonization and alignment of donor projects and GHI into the planning and budgeting process within the MTEF in line with the Paris Declaration Develop Human Resources for Health: Support approaches to improve the performance and utilization of the workforce; Support capacity-building in prioritized areas as identified in the human resource development plan Strengthen the Management of Medicines and Health Technologies (a) Support regular updates of national medicines policy, essential medicines lists and clinical guidelines to respond to changing environments; (b) Support promotion of transparency of medicines pricing through provision of information
<p>STRATEGIC PRIORITY 4: Strengthen Information for Health Planning and Management for Improved Health Outcomes</p>	<ul style="list-style-type: none"> Health Management Information System: Support institutional and capacity building for improvement and management of the Health Management Information System Integrated Disease Surveillance and Response: Support capacity building and operationalization of the International Health Regulations Knowledge Management and Research: Support documentation, health information management and institutions, research and evidence based decision making within the sector Epidemic Preparedness and Response: Strengthen preparedness and response capacity at national and district levels to emergencies, including epidemic outbreaks, natural and man-made disasters in a timely manner
<p>STRATEGIC PRIORITY 5: Promote Partnerships</p>	<ul style="list-style-type: none"> Partnerships for Aid Effectiveness: Promote implementation of the Uganda Country Compact and International Health Partnerships Process (IHP+) for better harmonization and alignment towards implementation of the Paris Declaration on Aid Effectiveness. Support country level partnerships such as the Health Development Partners and Country Coordination Mechanism. Ensure that UN contributions to health development, through the UNDAF, are in line with the sector strategic plan Inter-sectoral collaboration for improved health outcomes: Support mechanisms for intersectoral collaboration with health-related sectors such as agriculture, education, gender, and water and sanitation