

Strengthening Health Systems and prioritizing FP: Way Forward for Uganda

Dr. Christine Kirunga Tashobya
Ministry of Health, Uganda

UNFPA New York, ICPD @15

Outline

- Background
- Fertility & Family Planning Inequities in Uganda
- The health system and FP inequities
- What needs/should be done

Uganda

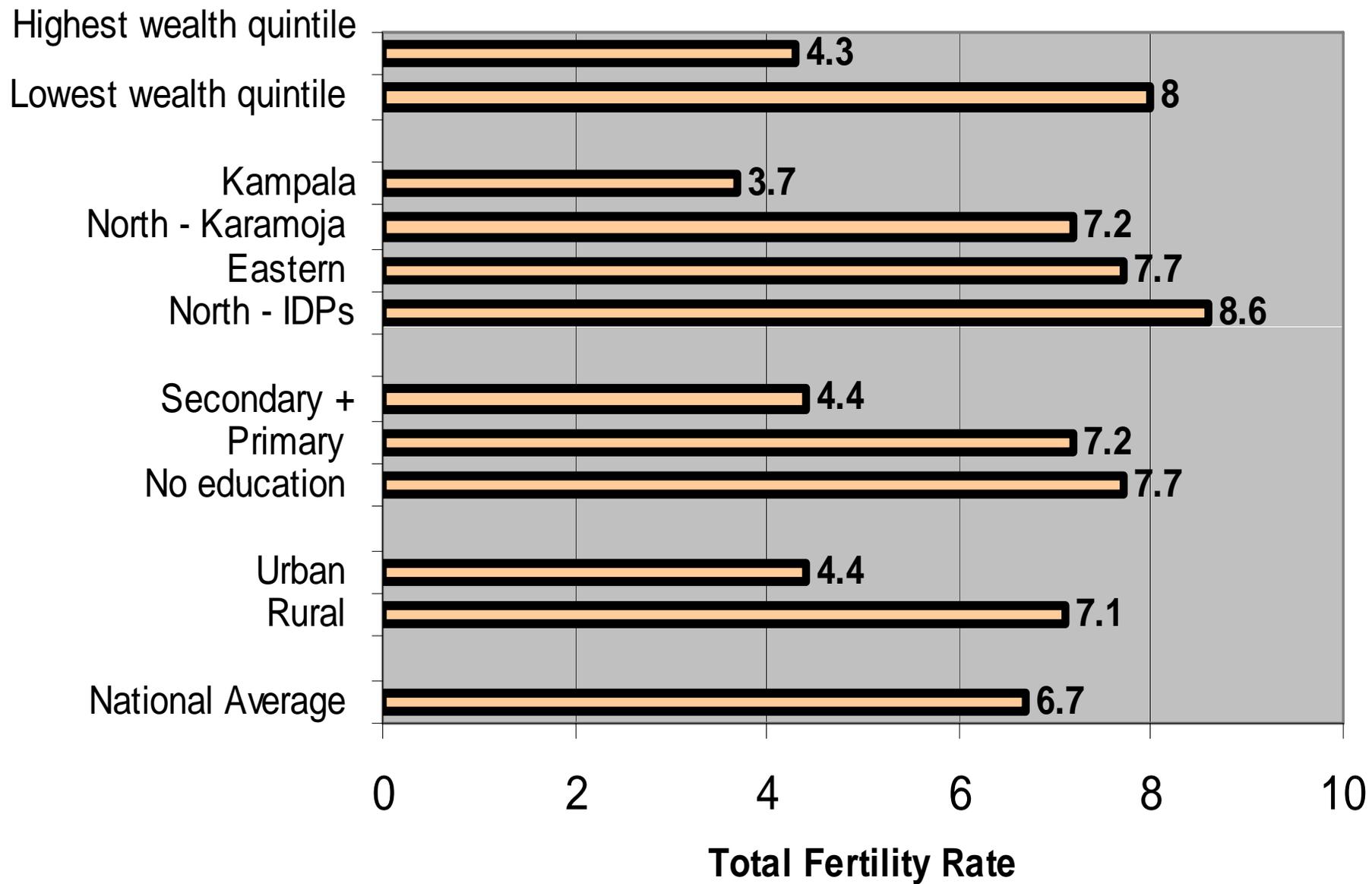
- Generally politically stable since 1986, however with pockets of conflict in Northern Uganda up to 2 years ago;
- Population – 30 million; 120persons/sq.km;
- GDP 2007/08: US \$ 300; annual growth rate: 6%;
- 31% of the population live below the poverty line (US 1\$/ day);

RH and related Indicators

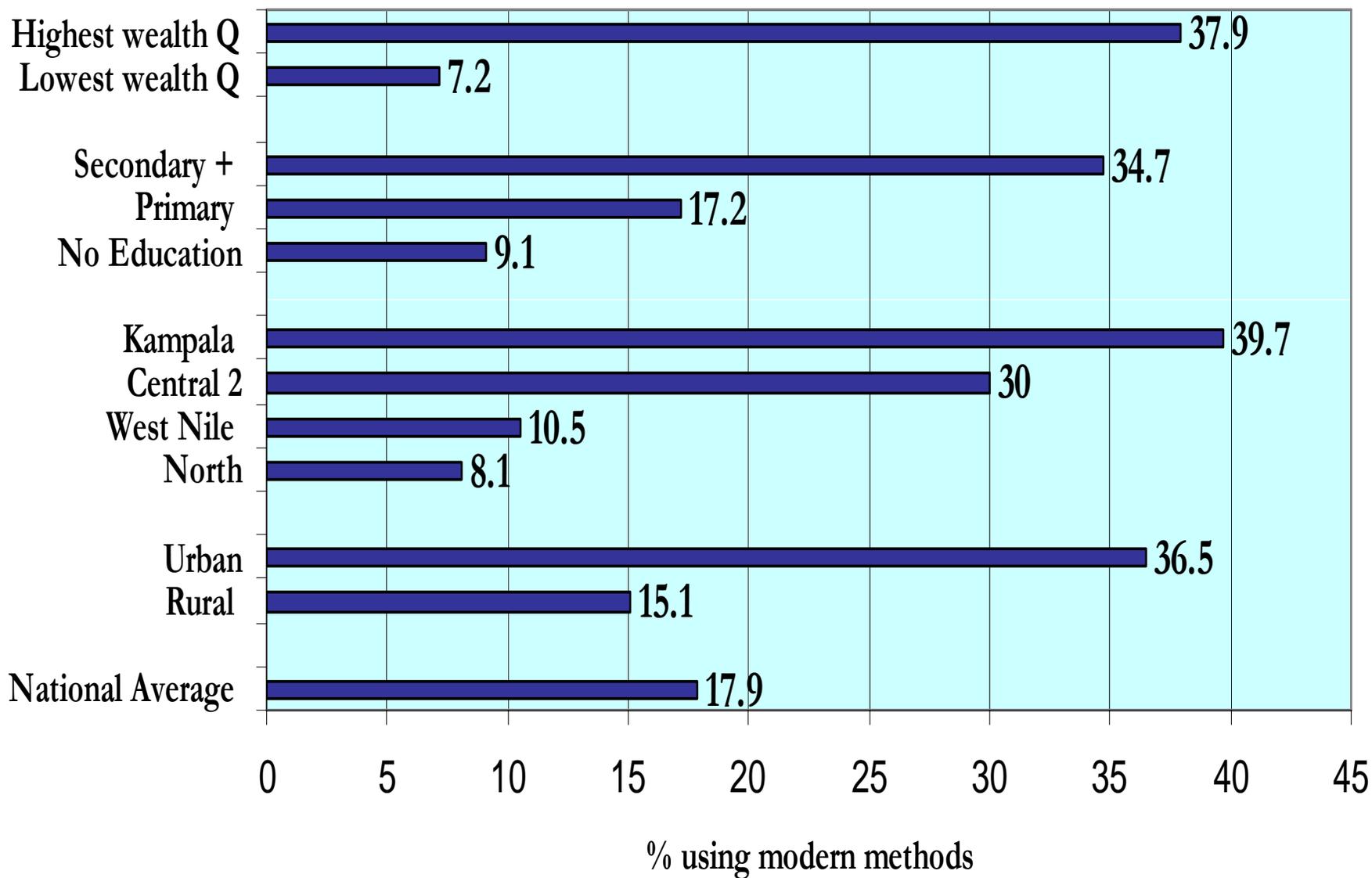
- Maternal Mortality Ratio: 435 per 100,000 live births;
- Infant Mortality Rate: 76 per 1000 live births;
- Child Mortality Rate: 137 per 1000 live births;
- Total Fertility Rate – 6.7;
 - highest for countries in Eastern & Southern Africa with recent DHSs;
- One of the highest population growth rates in the world – 3.2%;
- Improvements in all the indicators, over the previous 10 year period; least marked for TFR & MMR;

Source – Demographic & Health Surveys 1995; 2001; 2006;

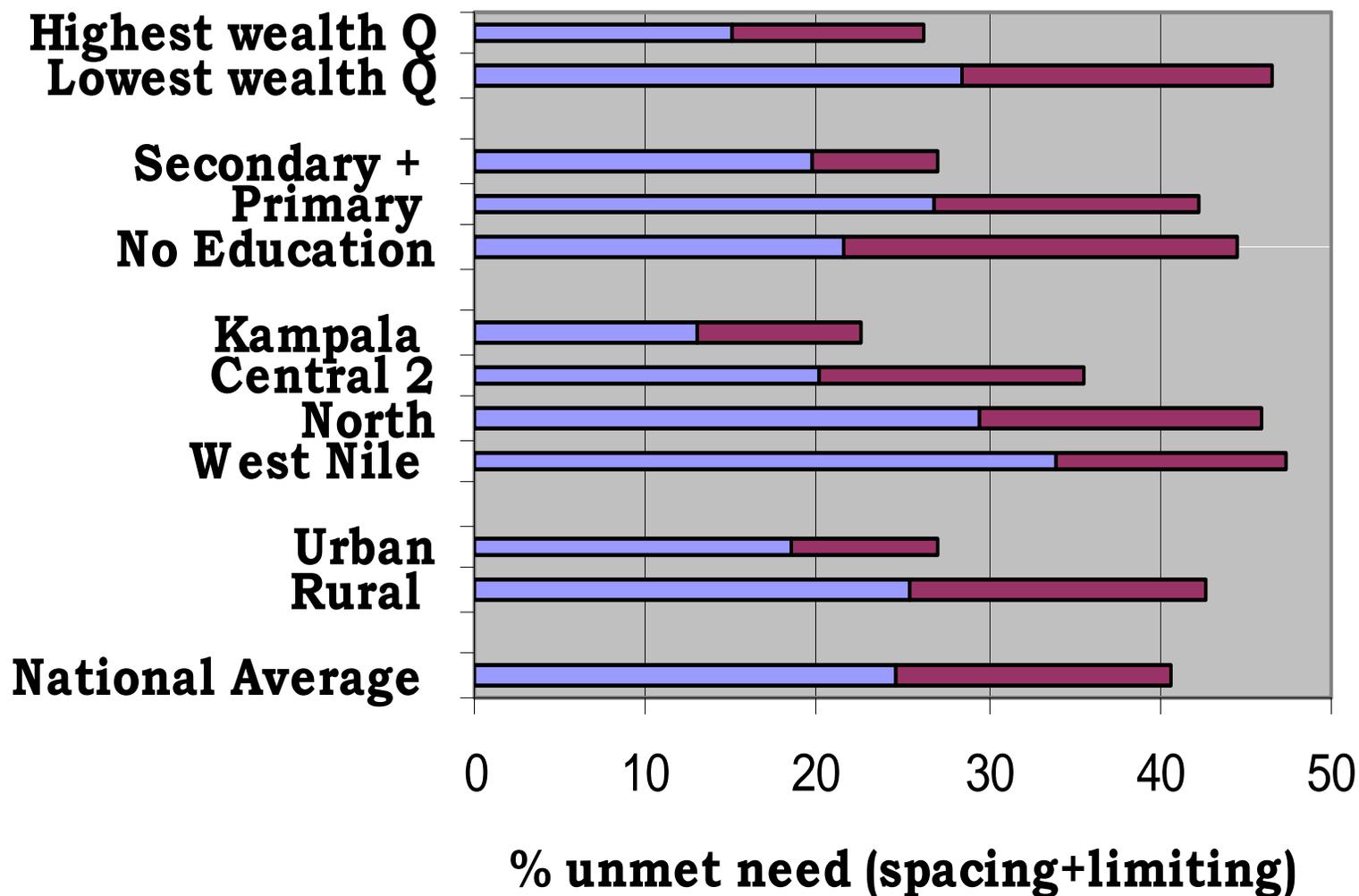
TFR by residence, wealth status & education



Contraceptive Use among Currently Married Women



Unmet need for Contraception among currently married women



Physical & Financial Access

Public

- 35% of all FP services;
- provides more than 3/4s of all female sterilisation;
- About 50% of the services are free to users (UDHS);
- Private medical sector
 - 52% of all FP services;
 - Provides most of pills and injectables;
 - Only 5% of services are free to users;
- Other sources – shops, friends,
 - Provide more than 50% of the male condoms;

Cost of items ranges from about 5 US cents for pills & condoms to US \$10 for female sterilisation

Physical & Financial Access

- 8/10 public facilities have FP services – counselling, pills, injectables; male condoms;
- Less frequent - IUDs, implants – 6%; female sterilisation – 6%; male sterilisation – 3%; this is usually at hospitals and HC IVs serving 100,000 – 500,000 population;
- Challenges of supplies, equipment and human resources;
- Quality of health services – implications for choice between public and private; bypass; sometimes vote of no confidence – as seen with deliveries;

FP information related Issues

- 40% of women (25% of men) had not received any information from the media (radio, TV, newspapers, video) in 6 months prior to UDHS;
- Highest in Karamoja (92%) & the lowest wealth quintile (65%);

Non-users and FP information

- 86% of nonusers of FP had neither been contacted by outreach or at facility by health workers on FP;
- More than 1/3 of the current nonusers that do not intend to use FP in future have method-related reasons – fear of side-effects, health concerns, interferes with body, inconvenient, costs too much;

Health Systems Issues

Financing the Health System including FP

- Inadequate funding for the health services – about 30% of the intended services are funded; US \$12 pc (GoU & donor) compared to US \$40 pc required;
- In recent years higher proportion of donor funds is earmarked for AIDS, TB & Malaria;
- Efforts by government to fund basic services;
- FP specific inputs mostly funded by partners – UNFPA, USAID; pros & cons;

Medicines and Supplies

- Inadequate amounts at service delivery levels;
- Due to both inadequate budgets and challenges in logistics management;
- Multiple parallel systems (government, bilaterals, multilaterals, GHIs) contribute to challenges

Health Systems Issues

Human Resources for Health

- Inadequate numbers & poorly motivated;
- Major challenges in getting midwives, medical officers, anesthetists, dispensers to rural and hard-to-reach locations – inequitable distribution North; Karamoja;

Health Infrastructure (buildings & equipment)

- Some areas still poorly served esp. the post-conflict;
- Inadequate equipment; many lack water, power & privacy;

Inappropriate functionality of HC III (maternity level, 20,000 popn), and HC IVs (Emergency Surgical & Obstetric Care 100,000 popn) due to a combination of lack of HRH, Equipment & Consumables;

Development Issues

- Wealth /Level of Development
- Education
- Infrastructure – roads; transport; water;
- Empowerment of Women, Sexual & Gender Based Violence;
- Governance & Accountability - Political will for FP; Population Policy vs. President comments;

What should be done

Modest declines in unmet need can lead to marked declines in TFR; convert 20% unmet need to current use - TFR 4.7;

- Health Systems Approach
 - Comprehensive Sector Prioritisation, Planning, Resource Mobilisation & Allocation & Monitoring; explicit planning for GoU & donor funds; sustainability;
 - Uganda signatory to the IHP+; process of developing a new Sector Plan (strategy) on;
 - Sectoral level Governance & Accountability — Ownership; M&E; strategies & compacts; national & sub-national;
 - Working with & through Local governments;
- Key roles for Government & Development Partners;
 - GoU – stewardship; funding; implementation;
 - DPs – funding; policy & strategic dialogue; TA; advocacy;

What should be done

Modest declines in unmet need can lead to marked declines in TFR; convert 20% unmet need to current use - TFR 4.7;

- Improve Quantity & Quality of Basic Health Services;
 - Medicines & Supplies – provide adequate resources; capacity building for national logistics management;
 - HRH – key cadres; distribution; motivation; presence at site; Task Shifting – Clinical Officers, midwives, nurses, take on more activities for a range of services;
 - Synergies – FP with SRH&R: SRH&R and others;
 - Targeting – FP within the basic package; vulnerable groups by region, by wealth;

What should be done

Modest declines in unmet need can lead to marked declines in TFR; convert 20% unmet need to current use - TFR 4.7;

- Private Sector

- Improve range of services – more of the long-term
- Improve financial access – social marketing should go beyond process costs;
- Provision of appropriate capacity building & information;

- Community Resource Persons

- Mobilisation; Information;
- Provision of more services – injectable methods;
- Integrated CORPS – the Village Health Team;

Sources of Information

- Uganda Demographic & Health Survey 1995, 2000/01, 2006;
- UDHS sub-analysis – Un-met Need for Family Planning;
- Service Provision Assessment Survey 2007;
- Various Ministry of Health Reports;

Uganda Bureau of Statistics (UBOS); Macro International Inc.; Ministry of Health;

Acknowledgements

- Dr. Anthony Kabanza Mbonye
Reproductive Health Programme MoH
- Dr. Miriam Sentongo Reproductive Health
Programme MoH
- Ms Helen Laetitia Nviiri Uganda Bureau of
Statistics
- Dr. Wilfred David Ochan UNFPA Uganda
Country Office
- Meeting Organisers