SHU Publication

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Improving access to quality health care through community health financing

National Health Insurance Scheme may delay again

The government indicated in the budget speech for financial year 2016/2017 that the National Health Insurance Bill 2016 had been gazetted and was awaiting first reading in Parliament, but Ugandans may have to wait longer for this to become a reality.

The latest hurdle in the process is the indication by the Ministry of Finance that the projected cost of implementing the National Health Insurance Scheme (NHIS) is not affordable to the government.

According to a letter from the Ministry of Finance to the Ministry of Health dated 4th July 2016, which we have seen, the cost of implementing the proposes NHIS is too high.

A key component of the Bill which is said to be unaffordable is the money required for government to pay for health insurance for indigents.

The Bill defines an indigent as a person who has no visible or adequate means of income or who has nobody to support him or her.

Last month, a senior member of cabinet was quoted by local media to have said that the Ministry of Finance had issued the Certificate of Financial Implication. The latest development shows that the process of getting the certificate is yet to be concluded. Apparently, the Ministry of Health has to go back to the drawing board to work out cheaper modalities of implementing the NHIS.

A Certificate of Financial Implication is required for a Bill to be tabled in Parliament for debate. The certificate shows the implication of the Bill on government revenue and expenditure over a period of at least two years from the day it comes into force.

The latest delay is bad news for Ugandans who are eagerly waiting to see the health insurance law passed and implemented.

CSOs support phased implementation of NHIS

Different organizations representing various categories of stakeholders in the proposed National Health Insurance Scheme (NHIS) are concerned over the delay to enact the NHI Bill into law.

At a meeting held on 4th August 2016 at Private Sector Foundation Uganda offices in Kampala, stakeholders discussed key issues which they said needed to be addressed clearly in the Bill before it is passed into law.

The Advocacy Officer of the Federation of Uganda Employers, Opio Douglas, said the Bill should adequately provide for private commercial and community health insurance alongside social health insurance. He added that costs of establishing the National Health Insurance Authority should be reduced to minimize management costs. Opio said the proposed 4% contribution by employers and employees was opposed by the private sector because it is likely to increase the cost of doing business.

The Executive Director of Save for Health Uganda, Fredrick Makaire, said the proposed phased implementation of the NHIS should be done at regional level to enable the government accurately estimate the cost of covering the entire country. He added that it would also help to avoid discrimination of some categories of the population.

Participants stressed the need to provide for a minimum health care package to be covered under the NHIS, and subsidies for community health insurance schemes and the poor.

The meeting convened by Uganda Healthcare Federation attracted participants from health advocacy organizations, commercial insurance providers and health care providers.

Participants agreed to work together to ensure that a fair health insurance law is enacted to improve people's access to quality healthcare.

SHU gets a new five-year strategic plan

Save for Health Uganda (SHU) is embarking on a new journey in promoting Community Health Financing (CHF) under a new strategic plan.

The plan covering the period 2016/2017 to 2020/2021 focuses on five key thematic areas: Community Health Financing; Women Empowerment for Health; Livelihood; Quality Healthcare and Institutional Development.

The mission of SHU, which was established 13 years ago, is to improve the quality of health of Ugandans through community health financing (CHF) approaches.

Over the next five years, SHU will continue to support communities to create community health financing (CHI) schemes and advocate for a national health insurance law that fairly provides for the schemes. It will also support communities to improve their incomes through vocational skills, business and financial management training, and micro loans including forming village health savings and loan associations (VHSLAs).

Women will be empowered to participate in decision making in local health organizations and access sexual reproductive health services especially maternal and child health services. SHU will work with schemes and health facilities to improve the quality of health care services provided to clients.



Above: SHU Board Chairman, Mr Zakaria Kasirye (left), and SHU Executive Director, Mr Fredrick Makaire, sign copies of the strategic plan at SHU head office in Kampala. Behind them are Mr Kaddu Ernest, the Treasurer and Mr Waigolo Paul, a board member.



Scheme members' corner



Mr Bbosa Wilson, Mubende

My name is BBosa Wilson, a resident of Kasebwembe village, in Namilyango parish, Mubende district. I am the chairperson of Namiryango community health insurance (CHI) scheme which was created in 2013 with support from Save for Health Uganda (SHU). I became a member and a leader in 2014.

Being a born again Christian, my decision to join the scheme attracted a lot of criticism from my fellow believers. They claimed that health insurance schemes were meant for non-believers. Little did they know that the scheme was my fall back plan for health emergencies.

In 2015, my wife who was pregnant to a health centre for medical checkup because she was not feeling well. Results of the checkup indicated that our unborn baby had died. She was told to immediately go to a bigger health facility where an operation could be done to remove the dead baby.

We rushed to St. Francis Community Health Centre IV in Mityana, which is one of the facilities contracted by my scheme to offer healthcare services to members. The baby was removed but my wife had to stay in hospital until her condition stabilized.

When the villagers and members of my church community heard about what had happened, they came to comfort me but majority were worried about how I would settle the medical bill. When they learnt that my scheme paid the bill, many of them joined the scheme and are now covered for health care.

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