

2016/2017 BUDGET: HEALTH INSURANCE BILL GAZETTED, AWAITING FIRST READING IN PARLIAMENT

NATIONAL BUDGET

The National Budget for financial year 2016/2017 read on 8th June 2016 presented a glimmer of hope for the long-awaited National Health Insurance Scheme (NHIS) to become a reality. It emerged that government has finalized formulation of the National Health Insurance Bill 2016.

While presenting the budget, the Minister of Finance, Planning and Economic Development, Hon Matia Kasaija, stated that the Bill “aims to improve financing of healthcare through mandatory contributions by both employers and employees”

The background statement to the budget indicated that the Bill had been gazetted and was awaiting first reading in Parliament. It further showed that both employers and employees will each make 4 percent mandatory contributions in monthly salary deductions.

The statements in the budget point at the initial steps for introducing the NHIS proposed in Uganda Vision 2040, the second National Development Plan (NDP II) 2015/16 – 2019/20 and the Health Sector Development Plan 2015/16 – 2019/20.

However, there was no indication in the budget speech whether the informal sector will also be covered under the NHIS. It is important to note that citizens in the informal sector have limited capacity to meet their health care needs. The NHIS should comprise social health insurance, community health insurance and private commercial health insurance to cater for every citizen.



Creating a viable National Health Insurance Scheme calls for resource contributions from whoever has capacity to pay to ensure equity in accessing health care. Government remains with a duty to subsidise the poor.

HEALTH INSURANCE IN OTHER NATIONAL PLANS

Uganda Vision 2040

The vision launched in 2013 highlights the fact that the health care service delivery in Uganda is expensive, inefficient and not sufficiently responsive to the health needs of the different categories of the population. To address these challenges, one of the key strategies proposed is adoption of a universal health insurance system through public-private partnerships.

The Second National Development Plan 2015/16 – 2019/20

The second National Development Plan (NDP II) 2015/16 – 2019/20 states that the health sector will work towards achieving Universal Health Coverage (UHC) through establishing a national health insurance scheme.

The health sector target is to increase the proportion of the population accessing health insurance from 1 percent in 2013 to 6 percent by 2020.

The Health Sector Development Plan 2015/16 - 2019/20

The plan which came into effect in July 2015 states that the Ministry of Health will work towards mobilising, and allocating resources to implement planned services in an efficient, effective and equitable manner by, among other things, establishing the governance and regulatory system for the National Health Insurance Scheme.

The plan is quite specific on covering the informal sector and indigents with health insurance. It states that one of the key service areas for increasing financial risk protection of households is the establishment of a fund for social health insurance that incorporates formal and informal enrolments plus mechanisms for government support to the poor and indigent. The target is to have the National Health Insurance Authority established by 2020. With such plans well laid out, focus should now turn to their implementation.

SHU PARTNER FACILITIES EMBRACE PATIENT-CENTRED CARE

One of the key focus areas in SHU's work is improving the quality of health care services delivered by both private and public health facilities to meet the needs of their clients. This is intended to encourage timely utilization of health care services to reduce morbidity and mortality.

Among the strategies used to cause improvements in health care service delivery is conducting patient-centred care (PCC) training for staff in health care providers contracted by community health insurance (CHI) schemes, and scheme leaders.

In November 2015, a total of 144 employees of health care providers and CHI scheme leaders in the districts of Luwero, Nakaseke, Nakasongola, Mubende, Bushenyi, Sheema and Masaka were trained in PCC. The regional-level training sessions were closely followed by a central training workshop in CHI for health care providers held in Kampala.

At the end of the training, health care providers committed to improving service delivery by putting in place PCC facilities. A number of providers have made progress on some of their commitments as shown in the pictures.



A Laboratory Technician (right) at Bitooma HCIII in Bushenyi District shows SHU's Monitoring and Evaluation Officer (centre) a signpost displaying key contacts of the management team for clients to reach them with information about service delivery at the health centre.



Jesca Kayaga, Accounts Assistant at Bishop Asili hospital, shows off a doll in the children's ward. The dancing doll is a source of entertainment for sick children.



The management of Mushanga HCIII in Sheema District recently installed curtain rails in the female ward to increase patients' privacy.



A Nursing Officer in Nakaseke Hospital private wing shows the price list displayed on the notice board. A price list promotes transparency and helps the patient to predict the cost of care at the hospital.

Scheme members' corner



Nahwera Fiona with her baby in her salon at Kyamurari in Sheema District.

My name is Nahwera Fiona. I live at Kyamurari in Sheema district and I belong to Kyamurari *Tweragurize* (community health insurance) scheme.

I delivered a baby boy last year from Ishaka Adventist Hospital. I benefited from the free transport offered to expectant mothers under the Maternal and Child Health project which was implemented by SHU through community health insurance (CHI) schemes in Sheema District.

When I was pregnant, a motorcyclist (*boda boda*) contracted by my scheme used to

take me to hospital for antenatal care. When labour pains started, the cyclist picked me from home and took me to Hope Medical Centre Bugongi but I was told that my case was difficult and could not be managed at that level. I was referred to Ishaka Adventist Hospital. I again called the cyclist who took me there and I delivered by caesarean section without any problem. The total hospital bill was UGX230,000 but I paid only UGX30,000 because my scheme covers up to UGX200,000 per episode of illness for inpatients.