

# Uganda



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

WHO region	Africa
World Bank income group	Low-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2011)	63.2
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	78
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	60.3 (Male) 62.3 (Both sexes) 64.3 (Female)
Population (in thousands) total (2015)	39032.4
% Population under 15 (2015)	48.1
% Population over 60 (2015)	3.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	38
Literacy rate among adults aged >= 15 years (%) (2007-2012)	73
Gender Inequality Index rank (2014)	122
Human Development Index rank (2014)	163
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	7.22
Private expenditure on health as a percentage of total expenditure on health (2014)	75.06
General government expenditure on health as a percentage of total government expenditure (2014)	10.97
Physicians density (per 1000 population) (2015)	0.093
Nursing and midwifery personnel density (per 1000 population) (2015)	0.648
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	21.4 [17.2-26.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	53.0 [44.7-62.3]
Maternal mortality ratio (per 100 000 live births) (2015)	343 [ 247 - 493]
Births attended by skilled health personnel (%) (2011)	57.4
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) (2015)	4 (Rural) 6 (Total) 18 (Urban)

## HEALTH SITUATION

The life expectancy at birth in Uganda rose from 45.7 years to 62.2 years for males and 50.5 years to 64.2 years for females over the period 1991 to 2014. Uganda also attained one out of the global MDG targets on child health; between 1990 and 2015, under-five mortality rate dropped from 187 to 55 deaths per 1,000 live births. Stunting rates also dropped from 38.3% in 1995 to 33% in 2011. The maternal mortality ratio dropped over the period 1995 to 2015 from 684 to 343 deaths per 100,000 live births though it was short of the MDG target. Uganda is implementing IHR (2005) to build core capacities to manage public health events of national and international concern and so far has developed about 75% of the IHR core capacities.

Uganda's burden of disease is dominated by communicable diseases, which account for over 50% of morbidity and mortality. Malaria, HIV/AIDS, TB, and respiratory, diarrhoeal, epidemic-prone and vaccine-preventable diseases are the leading causes of illness and death. There is also a growing burden of non-communicable 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.

The major challenges affecting the health system are the lack of resources to recruit, deploy, motivate and retain human resources for health, particularly in remote localities; ensuring quality of the health care services delivered; ensuring reliability of health information in terms of the quality, timeliness and completeness of data; and reducing stock-out of essential/tracer medicines and medical supplies. The emergence of antimicrobial resistance due to the rampant inappropriate use of medicines and irrational prescription practices and the inadequate control of substandard, spurious, falsely labelled, falsified or counterfeit medicines are also key problems in the sector.

## HEALTH POLICIES AND SYSTEMS

Uganda developed the second National Development Plan 2015/16-2019/20, National Health Policy II 2010-2020 and the Health Sector Development Plan (HSDP) 2015/16-2019/20 to guide the strategic focus for the health sector. The overall development goal of the HSDP is "To contribute towards Uganda's competitiveness, wealth creation, and employment, inclusive growth, through a healthy and productive population. The programme goal is "reduced morbidity and mortality from the major causes of ill-health and premature death, and reduced disparities therein".

Uganda's national health system is decentralized and incorporates the public and private sectors, with the public sector accounting for 44% of the services. The private sector is composed of the private not-for-profit health care providers, private health practitioners, and traditional and complementary medical practitioners. Health services are delivered through decentralized entities including facilities managed by 112 local government institutions, 22 municipalities, 181 counties, 1,382 sub-counties and 7,241 parishes.

The government provides financial support to the health sector, amidst other competing priorities. The total allocation by the government to the health sector declined from 9.6% of the national budget in 2009/2010 to 8.7% in 2014/15. The general government expenditure on health of US\$ 9 per capita was short of the Health Sector Strategic and Investment Plan target of US\$17 and the WHO recommendation of US\$ 34. Generally the Government of Uganda's share of the health expenditure over the years has stagnated at around 15%. This means that the country is still highly dependent on external support, which accounts for about 45% of the health expenditure and raises concerns about sustainability. Out of pocket payments stand at 37% and is far above the recommended maximum of 20% for catastrophic expenditure meaning the financial risk protection is poor and there are concerns for equity.

## COOPERATION FOR HEALTH

Since 2000, Uganda has been applying the Sector-Wide Approach (SWAp) to facilitate coordination and harmonization of support for health system strengthening in line with the global partnerships and initiatives. In 2010, the country, with her partners, signed the global five-year International Health Partnerships (IHP+) Compact intended to maximize the effectiveness of development aid in line with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

From the national health accounts for 2010/11 and 2011/12, public funds accounted for 15.3% of the total health expenditure, private funds for 38.4%, and international partners, NGOs and donors for 46.3%. Uganda is a beneficiary of funding from global initiatives such as GFATM and the GAVI Alliance, the Central Emergency Response Fund for humanitarian assistance, and other mechanisms.

Under the United Nations system, presence of coordination structures, development and implementation of joint programmes under the UNDAF 2016-2020 has enabled alignment with both the medium and long term National Development Plans (NDP II and Vision 2040). The adoption of the Delivery as One principles has enhanced the interaction and collaboration of the WHO country office and other United Nations agencies resulting into harmonized implementation and less duplication of efforts amongst technical programs.

### Sources of data:

Global Health Observatory 2017

<http://apps.who.int/gho/data/node.cco>

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> Strengthen the national capacity to promote health security for all people in Uganda	<p><b>Focus area 1.1:</b> By 2020, attainment of IHR (2005) minimum core capacities for all-hazard alert and response using IDSR framework supported. Core capacities to respond to public health emergencies of international concern will be built through effective implementation and scale up of IDSR in the spirit of the One Health approach and multi-sectoral strategy</p> <p><b>Focus area 1.2:</b> By 2020, heightened capacity for resilience and preparedness to mount a rapid, predictable and effective response to major natural and manmade disasters. Support integration of health disaster risk management into national frameworks for effective all-hazard disaster assessment &amp; risk management to promote building of systems and community resilience to disasters.</p> <p><b>Focus area 1.3:</b> By 2020 capacity to maintain the current polio status of zero cases supported. Strengthen the national capacity for polio containment and certification through enhanced implementation of activities that promote population immunity and quality acute flaccid paralysis surveillance.</p>
<b>STRATEGIC PRIORITY 2:</b> Strengthen Health system for effective, equitable and quality health service delivery	<p><b>Focus area 2.1:</b> By 2020, sound and comprehensive policies, adequate and motivated human resources for health and effective financing mechanisms in place for increased access to people centred &amp; integrated health services.</p> <ul style="list-style-type: none"> <li>• <b>Leadership and Governance</b>, Support evidence-based policy formulation, monitoring and evaluation of policy implementation; Strengthen partnerships and their coordination following the principles of guidelines of IHP+, SWAp, the health Compact and the Health Policy Advisory Committee; Support advocacy and high level policy dialogue on critical health issues.</li> <li>• <b>Health financing</b>, support operationalization of the health financing strategy and support evidence generation for increased awareness and decision-making for universal health coverage.</li> <li>• <b>Human resources for health</b>, support advocacy policy dialogue on the implementation of the national Human Resources for Health Plan, 2010–2020; monitor the trends in the production, distribution and retention of human resources for health and implementation of the WHO Code of Practice on International Recruitment of Health Personnel.</li> <li>• <b>Health services delivery</b>; strengthen the sub-national health management systems; support the operationalization of the community health strategy and strengthen quality improvement for service delivery with a focus on patient care and safety.</li> </ul> <p><b>Focus area 2.2:</b> By 2020, strengthened Health Information Systems including Civil Registration and Vital Statistics: Strengthen the generation and use of data for monitoring of health trends, evidence-based decision-making and policy formulation; Improve health information sharing, including of resolutions and decisions of the World Health Assembly and the Regional Committee; the development and implementation of norms, standards and guidelines to improve the civil registration and vital statistics systems.</p> <p><b>Focus area 2.3:</b> By 2020, improved access to, and rational use of safe, efficacious and quality medicines and health technologies through: strengthening the national supply chain management system, including fostering the rational use of medicines; advocating for the production of quality-assured essential medicines locally; strengthening the regulatory framework for quality assurance for medical products and other health technologies and food products; strengthening the national laboratory diagnostic capacity, including the forensic medicine capacity; supporting the coordination of the national laboratory network and the quality management system using established standards, working towards the certification and accreditation of laboratories; strengthening laboratory-based surveillance to confirm outbreaks and diseases of public health importance and antimicrobial resistance.</p>
<b>STRATEGIC PRIORITY 3:</b> Scale up essential health services for communicable diseases	<p><b>Focus area 3.1:</b> By 2020, increased access to effective interventions for prevention and treatment of people with HIV, Tuberculosis, Malaria and Viral Hepatitis through strengthening national capacity for adaptation and implementation of the strategies, guidelines and tools for TB, malaria, HIV and viral hepatitis control; supporting scale up proven of innovative and cost-effective interventions for the prevention, care and treatment of TB, malaria, HIV and viral hepatitis; strengthening capacity for and supporting operational research and monitoring of disease trends, service utilization and drug resistance.</p> <p><b>Focus area 3.2:</b> Provision of technical guidance for scale up of interventions towards control and/or elimination of Neglected Tropical Diseases (NTDs) by 2020 through supporting implementation of high impact interventions for the control and elimination of NTDs; strengthening monitoring and evaluation, post-treatment and post-elimination surveillance for NTDs; and promoting morbidity management to alleviate NTD-associated suffering and disabilities</p>
<b>STRATEGIC PRIORITY 4:</b> Strengthen the multi-sectoral approach for addressing Reproductive, maternal, neonatal, child and adolescent health (RMNCAH) and the Social & Environmental Determinants of Health.	<p><b>Focus area 4.1:</b> By 2020, essential and cost-effective maternal, new born, child, and adolescent health services scaled up to significantly reduce preventable morbidity and mortality through strengthening national capacity for the implementation of evidence-based policies, plans, standards, guidelines, and high impact interventions for sexual, reproductive, maternal, newborn, child and adolescent health using a multi-sectoral approach; supporting multi-sectoral action for prevention of all forms of violence; and supporting achievement and sustenance of elimination, eradication and control of vaccine-preventable diseases through implementation of the Global Vaccine Action Plan</p> <p><b>Focus area 4.2:</b> By 2020, national systems strengthened to implement multi-sectoral actions to address social, economic and environmental determinants of health, supporting generation of evidence, monitoring of impact and improvement in health inclusiveness and equity as well as coverage for the key determinants of health such as education, livelihoods, workplace, and housing.</p> <p><b>Focus area 4.3:</b> By 2020, national systems strengthened to mitigate impact of climate change and other environmental risk factors through enhanced multi-sectoral collaboration, development and implementation of emergency and disaster risk management, and supporting efforts to improve environmental sanitation, quality of drinking water, and reduce indoor air pollution</p>
<b>STRATEGIC PRIORITY 5:</b> Strengthen the multi-sectoral approach for the prevention and control of Non-Communicable diseases (NCDs) and Nutrition related conditions.	<p><b>Focus area 5.1:</b> By 2020, strengthened multi-sectoral actions for prevention and management of Non Communicable Diseases and their risk factors including supporting the establishment of a multi-sectoral and multi-stakeholder coordination mechanism to oversee development and implementation of a multi-sectoral strategic plan for the prevention and control of NCDs, NCD screening and management guidelines, technical guidelines and legal instruments for enforcing the measures to prevent and control exposure to NCD risk factors; and supporting the strengthening of surveillance and monitoring of the trends of NCDs and their risk factors.</p> <p><b>Focus area 5.2:</b> By 2020, scaled up essential, evidence-based and cost-effective interventions to reduce nutrition risk factors by supporting the implementation and monitoring of a national action plan for nutrition and a comprehensive plan for maternal, infant and young child feeding, including integrated management of acute malnutrition and advocacy for legislation on a code for marketing of breast-milk substitutes; advocating for multi-sectoral actions for response to the double burden of malnutrition; and strengthening national capacity for effective nutrition programming, research and surveillance.</p>

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