What will it take to deliver Universal Health Coverage and strong health systems worldwide in the time of Covid-19?

Welcome to this webinar! We will start at 1.30pm BST
What will it take to deliver Universal Health Coverage and strong health systems worldwide in the time of Covid-19?

Professor Anuj Kapilashrami, Professor in Global Health Policy & Equity, University of Essex/People's Health Movement
@AKapilashrami

Join us on Twitter - #HealthForAll #LabourConnected
Housekeeping

- The webinar will be recorded
- We will finish at 14:30 (60mins)
- Pose questions in the Q&A box at the bottom of your screen
- Tweet #HealthForAll #LabourConnected
What will it take to deliver Universal Health Coverage and strong health systems worldwide in the time of Covid-19?

Professor Anuj Kapilashrami, Professor in Global Health Policy & Equity, University of Essex/People's Health Movement @AKapilashrami

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Webinar Overview

1. Preet Kaur Gill MP - Shadow Secretary of State for International Development
2. Rob Yates - Director, Chatham House Centre for Universal Health
4. Jessica Hamer - Head of Policy and Campaigns, Health Poverty Action

Short Q&A

Join us on Twitter - #HealthForAll #LabourConnected
Preet Kaur Gill
Shadow Secretary of State for International Development
@PreetKGillIMP
Will COVID-19 Create a New Generation of Universal Health Heroes?

Labour Party Conference Virtual Fringe Meeting
20th September 2020

Robert Yates, Executive Director, Centre for Universal Health, Chatham House
A simple definition of Universal Health Coverage (UHC)

All people receive the quality health services they need without suffering financial hardship
UHC is fundamentally about EQUITY

- Universal = Everybody. Nobody left behind
- Health services allocated according to need
- Health financing contributions according to one’s ability to pay
- Healthy-wealthy cross-subsidise the sick and the poor
Gro Harlem Brundtland sums up the consensus on health financing for UHC

“If there is one lesson the world has learnt, it is that you can only reach UHC through PUBLIC financing.”
WHO's Director General is targeting political leaders

WHO Director General says political will is needed to transform African health systems

WHO Director General Tedros Adhanom Ghebreyesus says universal health coverage is his ultimate priority - however it will require engagement with political leaders.
The COVID-19 Crisis – a catalyst for UHC?

• A massive crisis requiring immediate head of state and cross government interventions

• Immediate responses needed in the areas of access to health services and financial protection

• A demand for UNIVERSAL entitlements

• Populations want to see results quickly
The COVID-19 could make or break leaders
PM Thaksin became a hero in Thailand when he brought the people UHC in 2002 after the Asian Financial Crisis
After the SARS Crisis and considerable social unrest China re-socialised its health financing system.
President Ramaphosa is gearing up to launch UHC reforms emerging from the COVID Crisis.
HILLARY CLINTON: CORONAVIRUS ‘WOULD BE A TERRIBLE CRISIS TO WASTE’; NEED ‘UNIVERSAL HEALTH CARE’

Video Source: Joe Biden / YouTube
The 1945 Labour Government launched the NHS after the crisis of World War II

We should be doing more to share our experiences with other countries
The last Labour Government was a global champion of UHC

Gordon Brown backs free healthcare for world's poor

- Government to spend £6bn on overseas healthcare by 2015
- PM offers cash and help to create free systems

▲ New government healthcare funding should help people like Florence Apeco with her newborn baby at Tiriri health centre, Katine, Uganda. Photograph: Martin Godwin
Concluding thoughts

• COVID-19 is the biggest health crisis in over a century
• People are looking to their political leaders for salvation and expect results quickly
• Urgent action is needed in the areas of access to effective health services and financial protection
• This is a great opportunity to promote UHC reforms to political leaders across the world
Allana Kembabazi
Programs Manager – Right to Health, Initiative of Social and Economic Rights, Uganda
@Kemba_A
WHAT WILL IT TAKE TO DELIVER UNIVERSAL HEALTH COVERAGE AND STRONG HEALTH SYSTEMS IN THE TIME OF COVID 19

ALLANA KEMBABAZI
STATE OF HEALTH CARE IN UGANDA

• 39 Districts Without Hospitals
• 29 Constituencies Lack A Health Centre IV
• 331 Subcounties Lack Health Centre III
• 132 Subcounties Lack Health Centre At All
• 48,231 hospital beds but require 166,800
• 55 functional ICU but in light of covid 19, 145 ICU beds procured. 25,020 needed.
• 181 government ambulances and in total 411 functional ambulances in the country.
Table with breakdown of health facilities by level and ownership

<table>
<thead>
<tr>
<th>Region</th>
<th>GOVT</th>
<th>PFP</th>
<th>PNFP</th>
<th>Grand Total</th>
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</thead>
<tbody>
<tr>
<td><strong>CENTRAL REGION</strong></td>
<td></td>
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<tr>
<td>Central 1</td>
<td>340</td>
<td>590</td>
<td>163</td>
<td>1093</td>
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<tr>
<td>Central 2</td>
<td>301</td>
<td>168</td>
<td>113</td>
<td>582</td>
</tr>
<tr>
<td>Kampala</td>
<td>26</td>
<td>1371</td>
<td>61</td>
<td>1458</td>
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<tr>
<td><strong>EASTERN REGION</strong></td>
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<td></td>
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<tr>
<td>East Central</td>
<td>337</td>
<td>91</td>
<td>127</td>
<td>555</td>
</tr>
<tr>
<td>Mid Eastern</td>
<td>351</td>
<td>107</td>
<td>77</td>
<td>535</td>
</tr>
<tr>
<td>North Eastern</td>
<td>150</td>
<td>45</td>
<td>49</td>
<td>244</td>
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<tr>
<td><strong>NORTHERN REGION</strong></td>
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<tr>
<td>Karamoja</td>
<td>120</td>
<td>2</td>
<td>22</td>
<td>144</td>
</tr>
<tr>
<td>Mid Northern</td>
<td>366</td>
<td>119</td>
<td>82</td>
<td>567</td>
</tr>
<tr>
<td>West Nile</td>
<td>247</td>
<td>55</td>
<td>48</td>
<td>350</td>
</tr>
<tr>
<td><strong>WESTERN REGION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid Western</td>
<td>347</td>
<td>124</td>
<td>88</td>
<td>559</td>
</tr>
<tr>
<td>South Western</td>
<td>549</td>
<td>123</td>
<td>179</td>
<td>851</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>3134</td>
<td>2795</td>
<td>1009</td>
<td>6937</td>
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</tbody>
</table>
SYSTEMATIC UNDERFINANCING OF PUBLIC HEALTH SECTOR
## Health Budget as Percentage of Total Budget

<table>
<thead>
<tr>
<th>Year</th>
<th>Health Budget (Bn Ush)</th>
<th>Growth</th>
<th>Total Gov’t Budget (Bn Ush)</th>
<th>Growth</th>
<th>Health as % of total budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>660</td>
<td>--</td>
<td>7,377</td>
<td>--</td>
<td>8.9%</td>
</tr>
<tr>
<td>2011/12</td>
<td>799</td>
<td>21%</td>
<td>9,630</td>
<td>31%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2012/13</td>
<td>829</td>
<td>4%</td>
<td>10,711</td>
<td>11%</td>
<td>7.7%</td>
</tr>
<tr>
<td>2013/14</td>
<td>1,128</td>
<td>36%</td>
<td>13,065</td>
<td>22%</td>
<td>8.6%</td>
</tr>
<tr>
<td>2014/15</td>
<td>1,281</td>
<td>14%</td>
<td>14,986</td>
<td>15%</td>
<td>8.5%</td>
</tr>
<tr>
<td>2015/16</td>
<td>1,271</td>
<td>-1%</td>
<td>18,311</td>
<td>22%</td>
<td>6.9%</td>
</tr>
<tr>
<td>2016/17</td>
<td>1,827</td>
<td>44%</td>
<td>20,431</td>
<td>12%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2017/18</td>
<td>1,950</td>
<td>6.7%</td>
<td>29,000</td>
<td>42%</td>
<td>6.7%</td>
</tr>
<tr>
<td>2018/19</td>
<td>2,310</td>
<td>18%</td>
<td>32,700</td>
<td>13%</td>
<td>7.1%</td>
</tr>
<tr>
<td>2019/20</td>
<td>2,610</td>
<td>13%</td>
<td>40,500</td>
<td>24%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

*Source: Ministry of Finance Budget Documents*
PITFALLS OF FOR PRIVATE/ FOR PROFIT SECTOR APPROACHES

379 MILLION USD (1.4 TRILLION) LUBOWA INTERNATIONAL SPECIALISED HOSPITAL

- HOSPITAL THAT WILL CHARGE INTERNATIONAL PRICES.
- MPs MINISTER INITIALLY BLOCKED OUT OF CONSTRUCTION SITE
- ALLEGATIONS OF MONEY MISSING
Achieving Equity in Health: Are Public Private Partnerships the Solution?

APRIL 2019

ISER
Facilitating Social Justice
### DISTRIBUTION OF POVERTY IN UGANDA ACROSS REGIONS

<table>
<thead>
<tr>
<th>Region</th>
<th>Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Nile</td>
<td>34.9%</td>
</tr>
<tr>
<td>Acholi</td>
<td>33.4%</td>
</tr>
<tr>
<td>Karamoja</td>
<td>60.2%</td>
</tr>
<tr>
<td>Lango</td>
<td>15.6%</td>
</tr>
<tr>
<td>bunyoro</td>
<td>17.3%</td>
</tr>
<tr>
<td>Teso</td>
<td>25.1%</td>
</tr>
<tr>
<td>Elgon</td>
<td>43%</td>
</tr>
<tr>
<td>North Buganda</td>
<td>11%</td>
</tr>
<tr>
<td>South Buganda</td>
<td>15.6%</td>
</tr>
<tr>
<td>Busoga</td>
<td>37.5%</td>
</tr>
<tr>
<td>Bukedi</td>
<td>35%</td>
</tr>
<tr>
<td>Ankole</td>
<td>6.8%</td>
</tr>
<tr>
<td>Kigezi</td>
<td>12.2%</td>
</tr>
<tr>
<td>Uganda</td>
<td>21.4%</td>
</tr>
<tr>
<td>REGION</td>
<td>GOVT</td>
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<tr>
<td>----------------</td>
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</tr>
<tr>
<td>Central Region</td>
<td>2,914</td>
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<tr>
<td>Eastern Region</td>
<td>1,196</td>
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<td></td>
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<tr>
<td>Northern Region</td>
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<tr>
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<tr>
<td>Western Region</td>
<td>1,367</td>
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<td></td>
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</tbody>
</table>

Source: Master Facility Inventory List 2017.
PIECEMEAL APPROACHES?

FAILING TO REACH THE POOREST?

ASSESSMENT OF THE WORLD BANK FUNDED UGANDA REPRODUCTIVE HEALTH VOUCHER PROJECT

REPORT
JULY 2020

UGANDA REPRODUCTIVE HEALTH VOUCHER PROGRAM

Expiry date: 30/06/2019

HBRH132461

MARIE STOPES
UGANDA
17.3 Million USD Project

• The World Bank funded Uganda Reproductive Health Voucher Project (URHVP) is a form of Public Private Partnership (PPP) whose target is poor women failing to access sexual reproductive health services. The Project is funded by the World Bank and the Swedish International Development Agency through Global Partnership on Output Based Aid, which extended a grant of 13.3 million USD to Uganda to implement it. This coupled with additions from UNFPA and Government of Uganda (The Ministry of Health under Uganda Health Systems Strengthening Project (UHSSP) provided USD $3,058,950)

• 25 districts

• 2015-2019
• “Although the project was supposed to have focused on poor women, only 32% of the beneficiary mothers were classified as poor while the remaining 68% were classified as medium or rich. The Eastern region was more affected as only 29% of the selected beneficiaries were poor compared to 33% in Western region.”

REPORT OF THE AUDITOR GENERAL TO PARLIAMENT FOR FY 2019
HIGH ADMINISTRATIVE COSTS

FY Year ended 2016
- Marie Stopes: 66.2%
- BDO: 9.2%

75.4% in administration

FY Year ended 2017
- Marie Stopes: 36.4%
- MoH: 5.3%
- BDO: 2.7%

44.4% in administration

FY Year ended 2018
- Marie Stopes: 23.7%
- BDO: 6.4%
- MoH: 13.9%

44% in administration

FY Year 2016-2018
- Marie Stopes: 34.8%
- BDO: ~5.2%
- MoH: ~8.5%

48.5% in administration

ISER’s compilation from the Auditor General’s Reports on the Financial Statements of the Uganda Reproductive Health Voucher Project (URHVP) for the Financial Years starting 2015/16 – 2018.
Lessons from COVID 19 in Uganda and the Health Sector
WHAT SHOULD DONORS DO?

- Invest in quality public health care. Public health system first point of call for the poor and vulnerable.
- Be wary of Public Private Partnership in Health (PPPH) or private sector in health proposals. They do not shift resources toward remote areas where the human rights situations are most dire or those that utilize public resources yet do not serve poor and marginalized groups. No evidence that PPPH function better than an adequately resourced public health system in contributing to universal health coverage.
- Strong government stewardship. Finance the public health system according to the plans set out by the government.
- Refrain from requiring private actor involvement as pre condition to providing funds.
- Consult with affected groups and leaders and provide platforms for meaningful participation before designing the projects.
- Ensure programs designed and implemented with your support will help the most vulnerable by exercising due diligence including conducting human rights impact assessments.
Jessica Hamer
Head of Policy and Campaigns at Health Poverty Action
@jessica_hamer
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@HealthPoverty
t.woolfenden@healthpovertyaction.org