

## THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

# AIDE MEMOIRE 26<sup>th</sup> NATIONAL HEALTH SECTOR JOINT REVIEW MISSION

Theme: "Sustaining Health care gains amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal".

24<sup>th</sup> TO 25<sup>th</sup> NOVEMBER 2020

MINISTRY OF HEALTH BOARD ROOM

KAMPALA

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#### Acronyms

CAO Chief Administrative Officer

CSO Civil Society Organisations

COVID Corona Virus Disease

EMS Emergency Medical Services

FY Financial Year

HDP Health Development Partner

HSDP Health Sector Development Plan

JRM Joint Review Mission

LG Local Government

MDAs Ministries, Departments and Agencies

MoH Ministry of Health

MoFPED Ministry of Finance Planning & Economic Development

MoPS Ministry of Public Service

NCD Non Communicable Diseases

NDP National Development Plan

PHC Primary Health Care

PS Permanent Secretary

RMNCAH Reproductive Maternal Neonatal Child Adolescent Health

RRHs Regional referral Hospitals

SOPs Standard Operating Standards Procedures

TC Town Clerk

UHC Universal Health Coverage

#### 1 Preamble

The Compact for Implementation of the Health Sector Development Plan (HSDP) 2015/16 – 2019/20 provides, as part of monitoring and evaluation, for the annual Joint Review Mission (JRM), to assess sector performance on the policies, strategies, plans and interventions, and capacity needs in line with the HSDP and to dialogue with all stakeholders on future health priorities. This JRM also marked the end of the HSDP period and the beginning of the new medium term Planning Period under the National Development Plan III (2020/21 – 2024/25) with the newly introduced Programmatic Approach.

The 26<sup>th</sup> Health Sector JRM was organized by the Ministry of Health (MoH) in collaboration with Health Development Partners (HDPs), Civil Society (CSOs) and the Private sector. The theme of the JRM was "Sustaining Health care gains amidst the COVID19 Pandemic to Achieve the Universal Health Coverage Goal" and the key note address delivered by the WHO Country Representative Dr. Yonas Tegen focused on this theme. The major recommendation for mitigation of the negative effect of the COVID-19 pandemic on the health system performance was for the health sector to develop a restoration Strategy to ensure UHC and routine supplementary services. The key output of the JRM are the priority actions and recommendations for programming and implementation in the 2020/21 financial year (FY).

#### 1.1 The Objectives of the 26th JRM

- 1. Receive and discuss the Annual Health Sector Performance report for FY 2019/20.
- 2. Receive and discuss Sector Progress in Implementation of the 25<sup>th</sup> JRM Priority Actions.
- **3.** Discuss and agree on the Health Sector priorities, targets and major inputs required for FY 2021/22.
- **4.** Launch of the National TB/Leprosy Strategic Plan 2020/21 2024/25, the Comprehensive Support Supervision Strategy 2020/21 2024/25 and the Support Supervision Guidelines for the Health Sector

#### 1.2 26th JRM Proceedings

The JRM was officially opened by the Rt. Honorable Dr. Ruhakana Rugunda, the Prime Minister of Uganda. The Rt. Honorable Prime Minister also launched the TB/Leprosy National Strategic Plan 2020/21 – 2024/25 and the MoH Comprehensive Support Supervision Strategy and Guidelines.

The presentations and discussions during the review focused on the theme of Sustaining Health Care Gains Amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal.

Figure 1: 26th JRM Program

- Overview of the objectives of the 26<sup>th</sup> JRM and 3<sup>rd</sup> National Tuberculosis Stakeholders' Conference.
- · Opening Ceremony

Day one:

- Key note address "Sustaining the Health Care Gains amidst the COVID-19 Pandemic to Achieve Universal Health Coverage"
- Progress in implementation of the 25<sup>th</sup> JRM Priority Actions
- Presentation overview of the Annual Health Sector Performance Report FY 2019/20
- Service Delivery Improvement: Perspective of the RRHs
- Decentralization of Health Services in Uganda: Progress and Challenges
- Impact of COVID-19 on Health Service Delivery and Approaches to sustain the pre-COVID-19 gains.



- Health Delivery Monitoring Unit Report
- The NDPIII Human Capital Development Program Implementation Action
   Plan
- Funding priorities and Available Indicative Financial Resource Envelope for FY 2021/22
- Presentation of draft Aide-mémoire
- Closing Ceremony

#### 1.2 Participants

The JRM was held in the Ministry of Health Board Room virtually with a small team meeting physically in line with the Covid19 Pandemic Standard Operating Procedures (SOPs). Other pre-JRM meetings were held in West Nile and Mbale (for Karamoja region) with support from UNICEF. It is worth noting that, due to Covid-19 restrictions especially on physical meetings, participation was mainly virtual (on Zoom).

The participants included Ministers, related Ministries, Departments and Agencies (MDAs), Chief Administrative Officers and, District Health Officers, Municipal Medical Officers of Health, Health Development Partners, Civil Society Organisations, the Private Sector representatives, Directors of National Referral and Regional Referral Hospitals, Semi-autonomous institutions, academic institutions, and other stakeholders in the sector.

The attendance and participation by some intended participants was affected by the Virtual nature of the meeting due to internet connectivity. On the other hand, other members at Local Government level such as District Health Team members who would not attend if it was physical got an opportunity to attend. Overall, there were over 150 participants.

#### 2 Milestones and Priority Actions

The key priority actions, means of verification, responsibility centers and expected outcomes that will guide stakeholders' interventions for next financial year are summarized in the table below.

Table 1: Agreed Milestones and Priority Actions for the 26th Health Sector Joint Review Mission

es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of verification	Outcomes / Targets
ervice Delivery					
equate Multi-sectoral boration and action for oved health service delivery	Strengthen multi-sectoral approach and linkages using existing frameworks such as the Inter-sectoral Committee on Health and Education, Nutrition Committee, WASH Committee, HCDP	PS MOH/ CMSC&HP, OPM, CAOs / TCs	On going	Reports and minutes	Functional multisectoral collaboration structures Improved indicators
ted Community sipation and citizen swerment in service ery	Capacity building of Health Unit Management Committees to engage communities and ensure effective community linkages with the health facilities	DHOs and Partners	2020/21	Reports	Improved Community Health (PHC) Service indicators Strengthened and integrated Community health services
	Empower Citizens to demand for health services, actively participate in health promotion, disease prevention and appropriate use of health services	CHS HEP and DHOs	2020/21- ongoing	Reports	Level of contribution by citizens to service delivery, demanding and contribution.

es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of verification	Outcomes / Targets
	Finalize and operationalize the Community engagement strategy	Community Health	2020/21	Strategy in place and reports	Functional Community health structures and enhanced participation
sessary and many referrals sially by HC IVs burdening ospitals due to abseentism	Establish performance monitoring system for the MOs at HC IVs	CHS HRM and CAOs / TCs	December 2021	Reports	Reduced absenteeism of the MOs at HC IVs
	Carry out mentorship programs for Doctors at HC IVs to reduce on referrals from HCIVs to RRHs	CHS CS, Directors of RRHs.	Immediate	Reports	Reduced referrals from HC IVs
S has not accredited some Vs to provide blood fusion services	LGs with equipped HC IVs should write to UBTS to accredit them.	DHOs/MMOs and Director Uganda Blood Transfusion services	Immediate	Reports	Increased number of HC IVs providing blood transfusion services
yed response to medical gencies duet o lack of ılances in some districts	Establish and functionalize the 14 regional Call Centres.	CHS EMS	2020//21 – 2021/22	Reports	Functional EMS system
<b>Aedicines and Health Supplies</b>	ies				

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es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of verification	Outcomes / Targets
progress in approval of the onal Food and Drug ority Bill	Fast track the harmonization of issues raised by Cabinet regarding the bill.	OPM and Director NDA	Immediate a	Cabinet minutes	FDA Bill passed
equate medicines for NCDs	Advocate for increased funding for medicine especially for NCDs including cancer.	MoH Top Management / CSOs	Ongoing	IPFs	Reduced stock outs
equate supervision of cines management at itals and LLHF due to iteeism of Pharmacists.	Track Pharmacists availability on duty and ensure that they are supporting EMHS Management at Hospital and lower level Health Facilities.	Directors of RRHS and CAOs	Immediate	Supervision Reports	Improved Medicines management and duty attendance by pharmacists
equate funding for ationalization of Oxygen s at RRHs.	Develop a sustainable mechanism for generation of adequate oxygen to supply the GHs and LLHF	Director Clinical Services, RRH Directors	Dec 2021	Reports	Adequate oxygen supply to GHs and LLHF
uman Resource for health					
staffing at all (currently at and the target was 80%).	MoH to engage with LGs on fast tracking of the recruitment of especially the DHOs and other critical cadres.	CHRM / HSC / CAOs / TCs	Ongoing	Reports	Adequate staffing levels with required skills mix
equate staffing that has been ened by the Covid-19 emic requirement for	Advocate for increase wage bill to fill the vacant posts	PS MoH, PS MoLG	2021/22	IPFs	Adequate staffing levels with required skills mix

es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of verification	Outcomes / Targets
al care staff	Expedite the restructuring process for LGs and RRHs to address the current HR needs.	PS MoPS	Immediate By June 2021	Approved revised structures	Adequate staffing levels with required skills mix
	Ensure timely submission of staff requirements to MoPS for approval of recruitment	LGs / CAO & TCs and Directors of RRHs	Immediate by end of August each year	Reports	Adequate staffing levels with required skills mix
ealth Infrastructure					
equate support by the onal Maintenance shops to the LGs.	Rejuvenate Regional Medical Equipment Maintenance committees to ensure equipment maintenance, and, accountability, reporting and performance.	C/HID, RRH	Immediate	Reports	Functional REMC Functional medical equipment
equate budget for the health emment maintenance	To engage MoFPED, to earmark a percentage of the LG Dev't Grant for equipment maintenance. This should be separated from the infrastructure development budget line.	PS MoH / CHC HI	Immediate	IPFs for FY 2021/22	Increased funding for medical equipment maintenance.
ted staffing and skills in cal equipment maintenance	Fast track recruitment of the Biomedical Engineers and Technicians for effective medical equipment maintenance workshops	RRH Directors / CAOs	Immediate	HR report	Increased capacity for equipment maintenance
Governance and leadership	Р				

es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of	Outcomes / Targets
				verification	Total cultury period
equate LG involvement in ct design, Initiation and ler mapping.	Involve districts in projects design initiation and partner mapping.	PS MoH and DHOs	Ongoing	Project development reports	Improved coordination and ownership of projects in LGs
tive effect of the Covid19 emic on health system rmance.	Develop a restoration Strategy to ensure UHC and routine supplementary services.	DGHS	Immediate	Work Plans	Sector performance targets achieved.
equate support supervision wer level health facilities	Conduct regular integrated support supervision to lower level health facilities supported under regional supervisory structures	DHTs and CHTs	2020/21 Ongoing	Supervisions reports	Improved quality of services indicators
	Build capacity of City and DHTs in support supervision	Commissioner SCAPP/ Partners	2021/22	Training reports	Effective support supervision and improved service delivery
equate support to poorly rrming districts	Further analyse the factors leading to poor performance and develop a program to address the performance gaps / bottlenecks	CHS PFP / DHOs	On going	Reports	Improved service delivery indicators
ealth Information					

es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of verification	Outcomes / Targets
tage of HMIS tools with dependency on Partners to and distribute them	Increase GoU funding for supply of HMIS tools to health facilities	PS MoH	2021/22	IPFs	Reduced stock out of HMIS tools
	Scale the Digitalization of the medical record system to reduce on manual system	AC HIM / Hospital Directors	Ongoing	Reports	Improved data medical records and reporting
reporting by VHTs	Use the opportunity of existing Covid19 interventions (Community led strategy for Covid19) to roll out the community health information system (CHIS)	AC DHIS/ and Partners	On going	VHT reports through the CHIS	At least 85% of VHTs reporting
Iealth financing					
ted awareness of Partner irces at Districts for Health	Carry out annual Joint planning, Budgeting and monitoring at all levels.	Director Strategy & Planning, CAOs, IP	Immediate	Comprehensive work plans and budget	Improved utilization of resources and accountability
ressively increase the ortion of GoU funding to ector Vs DPs funding.	Advocate for the increase in funding for health care	PS MoH (supported by MoFPED, CSOs and HDPs	Ongoing	IPF	Increased GOU funding for health
	Finalize the Health Financing transition plan	CHS PFP / HDPs	June 2021	Transition Plan	Increased domestic funding for health
	Expedite the Parliamentary discussions	Parliamentary Committee on	May 2021	NHIS Bill	Reduced Out of pocket expenditure
11   Dogo					

es and Domain	Priority Actions / Recommendations	Responsibility	Timeframe	Means of verification	Outcomes / Targets
	on the draft NHIS Bill	Health.		enacted	on health

The proposed dates for the 27th JRM are:

#### 22<sup>nd</sup> to 23<sup>rd</sup> September 2021

This Aide Memoire has been signed on behalf of Government of Uganda, Health Development Partners, Private-Not-For Profit, Private Sector and Civil Society representatives.

Signed on behalf of the Ministry of Health



Signed on behalf of the Health Development Partners

Signed on behalf of Private-Not-For-Profit Institutions

Signed on behalf of Civil Society

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Signed on behalf of the Private Health Sector

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#### 3 Annex: Speeches

#### Opening Speech from the Rt. Honorable Prime Minister Dr. Ruhakana Rugunda

Honorable Ministers

Members of Parliament

World Health Organization Representative

Permanent Secretary, Ministry of Health

Director General Health Services

All Development Partners

Other Invited Guests,

Ladies and Gentlemen,

Good morning to you all. I am delighted by the Ministry of Health's invitation to preside over the official opening of the 26<sup>th</sup> Joint Review Mission and the launching of two key strategic documents for the health sector. This year's Joint Review Mission and TB conference come at a critical time. This year marks the beginning of the decade within which world leaders committed to ensure healthy lives and well-being for all ages; as part of the Sustainable Development Goals for 2030. This commitment included the target to end the epidemics of AIDS, Tuberculosis (TB), Malaria, and other communicable diseases during this decade.

I thank the Ministry of Health for maintaining the good practice of holding the annual sector joint review missions as per the National Monitoring and Evaluation Framework. I am sure this is why the sector has remained among the top performing sectors in government over the years. This practice should be maintained and cascaded downwards for wider stakeholder involvement as we adapt the programme approach to implementation of the National Development Plan III.

The Office of the Prime Minister has the overall leadership and coordination of 18 programmes under the NDP III. The Program Action Implementation Plans (PIAP) have replaced the sector plans and therefore we expect more comprehensive programme review meetings beginning this Financial Year. Regardless of that sectors are encouraged to maintain their internal review processes to inform the programme reviews.

Ladies and Gentlemen, I have been informed that the main objective of this Joint Review Mission is to receive and discuss the sector performance report for FY 2019/2020 and agree upon the priorities, targets and major inputs required for FY 2021/22. I have also noted that the theme for this review is "Sustaining Health Care Gains Amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal."

I applaud the Ministry of Health leadership for being people centered and focused on its constitutional mandate of ensuring the right to health by the population.

We all know that since the beginning of this year, globally and here in Uganda we are facing the challenges of the COVID-19 pandemic with serious impact on all aspects of life including the global economy. I am proud to mention that as a country through the leadership of H.E. The President of the

Republic of Uganda, Yoweri Kaguta Tibuhaburwa Museveni we have been able to delay the spread of the pandemic compared to other countries.

I am also very proud of the Ministry of Health for the central technical role and policy guidance to Government in controlling and managing the pandemic. We still have a long way to go get the vaccine and therefore should continue with the community sensitization and engagement. The National Inter Agency Committee should be supported by the Ministry of Health to mobilize and engage the Community through existing structures.

Fellow Ugandans, Tuberculosis is one of the oldest diseases we have. The disease is preventable and curable but like you have heard still kills many Ugandans. This disease has been forgotten and it's now time for us to reawaken the nation about tuberculosis problem. We gat about 30 people dying due to tuberculosis daily, a very appalling situation!

Ladies and gentlemen, in September of 2018, I led a Ugandan delegation on behalf of H.E the president, to attend the **historic** United Nations UN High Level Meeting on the fight against tuberculosis in New York, USA that developed the UN political declaration with key commitments that Uganda is expected meet by 2022 to;

- 1. Reach 378,900 people with TB disease and we have so far reached only 48%.
- 2. 4,924 people with drug resistant/MDR-TB. Only about 1000 have been reached
- 3. Reach 45,300 children with TB diseases. Here we have reached 15,306.
- 4. Initiate TB prevention for newly diagnosed PLHIV and contacts of TB patients to 593,300 we have so far reached about 46% of the target.
- 5. Mobilise the necessary resources to finance the response. We have experienced a very significant disruption by COVID this year. We may have to consider running a catch up campaign mode of implementation to get back on track and be able to achieve the above targets.

I am therefore pleased to Preside at this year's Health Sector Review Mission and TB conference because it provides an opportunity to review Uganda progress towards our commitments on health and the associated targets.

The conference also provides an opportunity to highlight the risks that threaten to erode the gains Uganda has made in the health sector especially the COVID-19 pandemic. In the case of TB, without an "enhanced restoration strategy" to restore and sustain these gains, there is a risk that the burden of these diseases such as TB could be setback to levels seen five to eight years ago.

Today I will be launching the next five year strategic plan for addressing tuberculosis and Leprosy and the multisectoral response required to end the TB problem that highlight the national commitments to TB and Leprosy. I am confident that if we rise up to the task as government and whole society, we shall defeat and end TB by 2030 or even before.

The multisectoral response is what we have used to address HIV, Malaria, now COVID 19 and it works. For TB is even more applicable to be able to counter the TB disease determinants and address TB in high risk populations. TB is socio economic, environmental, and cultural disease as well as being a medical issue.

I encourage all the districts to take the TB issue seriously in a multi-sectoral approach to implementation and include TB indicators as part of performance measures to be able to drive the required momentum. The 90,90,90, targets the Minister of health talked about should be reached by all districts at all times to see that we make progress.

Finally, today I will be launching the Comprehensive Support Supervision Strategy for the Health Sector which, has been developed to re-focus the Government's effort to support supervision and make it more efficient and effective through use of available resources.

The goal of the Comprehensive Support Supervision Strategy for Health Sector, 2020 is to improve the quality of health services and safety of our clients. I wish to call upon all stakeholders to support the implementation process of the strategy which will see the Regional Referral Hospital Community Health Departments play a more active role in the coordination of Support Supervision and increased implementation of Technical Support supervision to the districts in the respective regions. The support supervision guidelines are also ready for use and have been developed to operationalise the strategy.

#### Appreciation

I want to thank the Ministry of Health and all the stakeholders for developing the TB/Leprosy Strategic Plan and Multisectoral Accountability Framework; the Comprehensive Supervision Strategy and Guidelines.

I also want to thank the Ministry of Health, Local Governments, other MDAs and all Partners for the technical oversight and the progress in the fight against COVID 19. I greatly thank and appreciate our dear health workers who implement all the programs and strategies and urge them to remain patient centered and deliver quality health services

#### Launch:

It is my singular honor and pleasure to launch the National Strategic Plan 2020/21-2024-25 tor TB and Leprosy and the national Multisectoral response for ending TB in Uganda.

It is my singular honor and pleasure to launch the Comprehensive Supervision Strategy for the Health Sector 2020/21 - 2024/25 and the National Support Supervision Guidelines for the Health Sector.

FOR GOD AND MY COUNTRY.

DR. RUHAKANA RUGUNDA

RT. HON. PRIME MINISTER

#### Opening speech by the Minister of State for Health, Primary Health Care, Hon. Dr. Joyce Moriku Kaducu

The Rt. Honorable Prime Minister

Honorable Ministers

Members of Parliament

World Health Organization Representative

Permanent Secretary, Ministry of Health

Director General Health Services

All Development Partners

Private Health Providers

Civil Society Organizations

**District Leaders** 

Ministry of Health Officials and

Other Invited Guests,

Ladies and Gentlemen,

Good Morning. It is with great pleasure and honour that I welcome you all to the 26<sup>th</sup> Joint Review Mission and 3<sup>rd</sup> National TB Stakeholders' Conference. I thank you for sparing time to be part of this important event which is a landmark review as it marks the end of the 5-year Health Sector Development Plan 2015/16 to 2019/20 and the beginning of the next 5-year National Development Plan III period.

The Health Sector Development Plan goal was 'To accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life." This was in line with the Sustainable Development Goal Objective 3: Ensure healthy lives and promote well-being for all at all ages.

The four HSDP specific objectives were;

- 1. To contribute to the production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services.
- 2. To address the key determinants of health.
- 3. To increase financial risk protection of households against impoverishment due to health expenditures.
- 4. To enhance the health sector competitiveness in the region and globally.

Ladies and Gentlemen, as you all know every year, we hold performance review meetings to assess progress against the key sector performance indicators and agree on key actions to achieve the targets. This is the fifth and last review during the HSDP period therefore, the report to be presented and discussed today will reflect performance for the Financial Year 2019/20 per se and also highlight the progress over the last five years.

Ladies and Gentlemen, the theme for deliberation during this review and focusing on in the coming year is "Sustaining Health Care Gains Amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal."

During the first half of Financial Year 2019/20, the health sector was on track in implementation of the key planned activities and some of the key physical achievements were;

I will share with you some of the key physical and tangible achievements in the health sector.

- In October 2019, with support from GAVI and Technical Assistance from Partners the Mass Measles and Rubella campaign was implemented. The campaign interrupted the measles outbreaks by reducing the suspected cases from 2,413 in April 2019 to 104 cases in December 2019. The year 2020 has shown lower suspected numbers relative to same period in 2019.
- To further strengthen the Uganda national Expanded Program for Immunization, 996 solar fridges, 5,213 vaccine carriers, 1,155 cold boxes, 657 motorcycles and 71 vehicles procured and distributed.
- The Regional Hospital for Pediatric Surgery in Entebbe was completed by April 2020 and construction of Kayunga hospital was also completed. Both are awaiting commissioning.
- Completion of works for upgrading of the initial 124 HC IIs to IIIs which commenced in FY 2018/19 and 29 out of the 62 HC IIs upgraded in FY 2019/20 under the Uganda Intergovernmental Fiscal Transfer Reform Program. Ministry of Finance provided funds for recruitment of additional health workers and PHC Non-Wage grant for the completed health facilities.
- For Karamoja Region, in May 2020 the Italian Government confirmed the offer of a soft loan of 10 million Euros to the Government of Uganda for infrastructure development. This will cater for construction, upgrading / renovation and equipping of 33 health facilities in the Karamoja region.
- In respect to Essential Medicines and Health Supplies, there was a 36% increase in the budget to National Medical Stores from UGX 276.7 billion in FY 2018/19 to UGX 387.51 billion. This was to largely cater for ARVs and Traditional Vaccines.

Ladies and Gentlemen, since the beginning of this year, the health sector has been at the center of containing and responding to COVID-19 pandemic which is but one of the several Public Health challenges we have faced in the last year of review. As the country was busy containing and on high alert of the Ebola Virus Disease outbreak in 2019, on January 30<sup>th</sup> the World Health Organization Emergency Committee declared the Corona Virus outbreak a Public Health Emergency of International Concern.

Since March 2020, the Government of Uganda, under the able leadership of H.E. the President of the Republic of Uganda, Yoweri Kaguta Tibuhaburwa Museveni as Chairman of the National Task Force, has implemented a series of vulnerability reduction and containment measures to curtail transmission of COVID-19. Some of the measures have included: closure of the International Airport starting on the 16<sup>th</sup> March 2020; closing ground / border crossing points for passengers with the exception of cargo drivers; closure of schools and other high congregation points; freeze of public and private transport; outlawing all mass gathering events, including for worship; overnight curfew; and a nationwide lockdown declared on 24<sup>th</sup> March 2020.

At this juncture on behalf of Government of Uganda and Ministry of Health, I would like to appreciate the entire population of Uganda for positively responding to the lockdown measures as it was a very difficult period for all in all aspects of life. The lockdown affected nearly all sectors such as education, recreational centres, transport system, social, political and religious gatherings, etc.

The entire community, private sector, development partners, Ministries, Departments and Agencies exhibited a oneness spirit and concern for all by responding to the call by the National Task Force to support the response efforts. The Ministry of Health appreciates all the in-kind, financial support and volunteers towards the COVID-19 response efforts. As a country we are also proud to have been ranked by the Lancet among top 10 countries in the world in terms of suppressing the spread of COVID-19 as of August 2020. This was based on the newly confirmed infections reported as "the most straightforward measure of the rate of transmission of the virus."

Dear All, as of now most of the lock down measures have been lifted in a phased however, we have progressed to the community transmission phase. As of 20<sup>th</sup> November 2020, a total of 599,650 Covid-19 tested had been conducted, we had cumulatively registered 17,148 Ugandan cases from 127 districts; 8,426 (49%) recoveries; 158 deaths with a case fatality rate of 0.93%. We are seeing a rising positivity rate signifying reduced intensity of testing which could be due to; change in testing strategy; failures of contact tracing in peculiar settings; inadequate stocks of sample collecting kits and reducing districts response tempo. We are also having increasing COVID19 deaths and Healthcare workers infections.

Ladies and Gentlemen, my appeal to you all is to remain focused and vigilant in containing this pandemic. While vaccines and specific medications are not yet available for COVID-19, other public health and social measures must be implemented in reducing the number of infections and saving lives. These include hand washing, use of face masks, detecting and isolating cases, contact-tracing and quarantine, social and physical distancing measures including for mass gatherings and international travel measures.

As I had earlier mentioned the theme of this JRM is "Sustaining Health Care Gains Amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal." I therefore, appreciate the World Health Organization Representative in Uganda Dr. Yonas Tegen for accepting to give the Key Note address which will be at this JRM. You are welcome and appreciate your continued Technical support and guidance in the fight against Covid-19 and other Public Health emergencies.

Ladies and Gentlemen, this morning we shall be receiving and discussing the Annual Health Sector Performance Report FY 2019/20 and therefore let me take this opportunity to thank all the health workers and Health Partners who have contributed to the achievements during the last FY and five years of the HSDP.

I look forward to constructive discussions regarding what should be done to accelerate movement towards Universal Health Coverage in the current National Development Plan III period. As you will be hearing from the National Planning Authority, we are already implementing the NDP III under the Human Capital Development Program. The goal of the programme is to Improve Productivity of Labour for increased competitiveness and better quality of life for all and the health sector will largely contribute to objective 4 which is to Improve population health, safety and management. The program approach calls for increased coordination and harmonization among sectors, enhanced synergies and better linkage of resources to results. I therefore call upon the health sector to embrace this new

approach which should strengthen the multi-sectoral collaboration desirable in addressing the social determinants of health and community participation and engagement.

Ladies and Gentlemen, as I conclude let me address the second event during these three days. We shall be holding the 3<sup>rd</sup> National TB Stakeholders meeting and the theme is "Ending the TB Epidemic in Uganda through a People-Centered Approach". As we handle the COVID-19 pandemic, there is a silent killer amidst us. Tuberculosis is one of single infectious killers globally and Uganda is one of the 30 high burden TB/HIV countries globally. In 2019 alone, TB caused approximately 7,100 deaths; 88,000 people developed TB, 16,000 of them being children below 15 years, and 500 having drug resistant TB. I am happy that this disease has been brought to the fore to be discussed in detail at the 26<sup>th</sup> Ministry of Health Joint Review Mission. A number of TB interventions are being implemented including TB case finding and treatment, improving diagnostic capacity and TB prevention. We would like to reach/identify and treat all who develop disease in a year, prevent those vulnerable to develop disease and eliminate unnecessary exposure to the disease even now during the COVID pandemic to be able to end the disease as a public health emergency by 2030.

This morning we are very much honoured to have the Rt. Hon. Prime Minister officiate at the launch of the new Strategic Plan for TB and Leprosy 2020/21-2024/25, which aims at reducing the incidence of TB by 20%. This will be achieved when fully implemented through a multisectoral approach, with the people at the center; required resources mobilize; being accountable to each other and making use of new innovations for diagnosis, treatment and prevention. The commitment we have in the new Strategic plan and Multisectoral accountability frame work to be launched today, is to reach

- over 90% Ugandans with TB disease,
- >90% of those with disease are successfully treated,
- 90% of the vulnerable who are eligible/require preventive therapy access the prevention
- create awareness about this disease to reach >90%.

I call upon all district teams, partners to support the implementation of the laid-out interventions to put an end to the TB problem in Uganda by 2030.

In a special way, I would also like to thank the organizing committee of this JRM, headed by the Permanent Secretary, DGHS and the Planning, Financing & Policy Department for ensuring that the Annual Health Sector Performance Report is discussed at the JRM amidst the COVID-19 challenges. The report is already available on the Ministry of Health website and a few hard copies will be disseminated as well. We appreciate the Uganda Health Systems Strengthening Activity for supporting the writing team and UNICEF for supporting the printing of the report.

I now have the pleasure to invite the Hon. Rt Prime Minister Dr. Ruhakana Rugunda to officially open the 26<sup>th</sup> JRM and 3<sup>rd</sup> National TB Stakeholders conference and launch the National TB/Leprosy Strategic Plan 2020/21 – 2024/25 and Multi-sectoral Accountability Framework and also launch the MoH Comprehensive Support Supervision Strategy and Guidelines.

FOR GOD AND MY COUNTRY.

HON. DR. JOYCE MORIKU KADUCU

MINISTER OF STATE FOR HEALTH, PRIMARY HEALTH CARE

#### Opening statement from the Civil Society Organizations.

Honourable Ministers

Honourable Members of Parliament

Permanent Secretary, MoH

Directors and Commissioners and staff of MoH present

**District Delegates** 

**Development Partners** 

Members of the civil society and private sector

Distinguished Guests

Ladies and gentlemen

Civil Society Organizations working on health sector issues in the country, would like to congratulate the Ministry of Health (MoH) on successfully organising the 26<sup>th</sup> Health Sector Joint Review Mission (JRM) and inviting the various stakeholders to participate. We are aware that the Ministry and other stakeholders invest considerable time and resources to conduct this exercise and to prepare the Annual Health Sector.

Performance Report (AHSPR). We are happy to participate in this year's exercise, which also coincides with the end of the first Health Sector Development Plan (HSDP I) and the launch of HSDP II. We would like to applaud the Ministry of Health in your efforts to contain the ongoing COVID-19 pandemic across the country. Thank you for protecting lives and sustaining the healthcare system during such a challenging time. There is need to build on the good will that was manifested at the beginning of the COVID-19 response and ensure accountability.

Uganda has made progress in improving health service coverage in the period under review. We have achieved some of our targets but still lag behind in others. Access is still a problem in terms of geography, quality, affordability, accountability and the system's capacity to respond to community needs. Civil Society has made significant contributions to the health sector during this period. We have worked in areas including; health policy engagement, community engagement, improving health service delivery processes, health human resources, health infrastructure and direct health service delivery.

Uganda now has a UHC roadmap. UHC, at its heart, is about expanding access for those most in need. However, those engaged in the UHC dialogue to date have been a relatively small group of health financing experts and development partners focused on making the "numbers" work. To make sure the "numbers" work for people, especially for those who commonly experience inequality on the basis of income, sex, age, race/ethnicity, disability and migratory status, we need to open up this dialogue and involve the grassroots. To succeed in UHC, we need to make progress in a wide range of areas that are beyond the health sector—better economic growth, less poverty, improved education, better gender equality, more skilled and motivated human resources and much more. This amplifies the need for multi-sectoral collaboration both within and outside government, to harness and take advantages of the linkages across the different sectors. The promise of UHC will only be realised when the self-expressed needs of marginalised and vulnerable populations are well-understood, explicitly prioritised, and acted upon.

You will agree with us, that the community is key to achieving UHC. While we have made strides in building community engagement and feedback mechanisms into the health system, there is still room for strengthening community involvement. Health Unit Management Committees are key accountability structures, but they are still under resourced and partly, still an unfunded priority for the next financial year. We need to strengthen HUMCs and other structures and tools to promote participation and ownership of health services by the community.

Last year, the WHO launched the consolidated guidelines on self-care on sexual and reproductive health and rights. While not new, the ability of individuals to manage their health with or without the support of health workers (selfcare) is increasingly relevant to our needs, given our limited health budget and the many competing funding priorities that MoH must address. Self-care can help reduce the burden on our challenged health system and the current COVID-19 pandemic has further magnified this.

Although the number of Human Resources for Health (HRH) professionals has increased, the ratio of health professionals to the population (1.64 per 1,000)1 is still inadequate compared to the 2016 WHO recommendation of 4.5 per 1,000 in order to attain UHC and the SDGs. This implies that health professionals in Uganda have a workload that is about three times more than what is recommended by WHO. Besides insufficient number of staff, these ratios mask other challenges like the insufficient distribution of HRH staff (between urban vs. rural locations and private vs. public sectors), inadequate skills among staff, low productivity and work-place satisfaction.

HSDP II draft, 2020 well as HRH migration among other issues. MoH should intensify efforts to ensure recruitment, motivation and retention of health workers across the country. Civil Society has engaged in various efforts to help communities to directly voice their needs for quality health care. For example, the "What Women Want" campaign implemented by over 30 organizations under the What Women Want Uganda Chapter, has generated evidence on women and girl's priority reproductive and maternal health needs. To provide quality health care, we must devise more avenues to listen and act on the self-articulated health needs of the community.

#### We therefore:

- 1. Urge MoH, development partners and other stakeholders here to mobilize resources to support community engagement structures and emphasize their importance in realizing UHC.
- Appeal to government and other stakeholders to apply a self-care lens to our work to identify opportunities and innovations that can reduce the burden on an already overstretched health system.
- 3. Appeal to government to finalize and pass the National Health Insurance Bill to protect people from financial hardship when seeking health services and ensure health for all.

On behalf of Civil Society, I would like to thank the team at MoH for the achievements registered in FY 2019/20. We commit to continue working with government to help improve our health systems and to ensure that our health care solutions are rooted in quality, equity and dignity.

Thank you.

Yours Luyiga Faridah Mwanje

On behalf of Civil Society Organizations.

#### **Opening Statement from the Private Sector**

The Guest of Honor

The Honorable Minister of Health

Honorable MPS

Top and Senior Management of MOH

Health Development Partners

Local Government Officials

Members of the Civil Society

**Distinguished Guests** 

Colleagues, Ladies and Gentlemen,

It gives me great pleasure to stand before you to day on behalf of the PNFP health service providers and CSOs in Uganda. This 24<sup>th</sup> JRM of the Health Sector is not only for the purpose of candid self-appraisal of the health sector performance but is also a forum to ascertain how best to take the sector and its entire positive achievements forward.

We thank all stakeholders here present for their tireless efforts and contributions to ensure that all Ugandans without discrimination realize their constitutional right to the highest standard of health. And while it is obvious that the finishing line is not yet in sight, we want to commend the Ministry of Health for its leadership and guidance, the Development partners for financial and moral support, the Parliament of Uganda for its oversight and regulatory role and the Local governments for their support. We come to this particular JRM with high expectations and hope in a situation that looks hopeless and very challenging.

With the Themes: "Sustaining Health Care Gains Amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal" and "Ending the TB Epidemic in Uganda through a People-Centered.

**Approach**" we are challenged together with the leadership at the Ministry of Health to refocus our efforts towards ensuring that we get value for money for the resources that we have as a sector. These Themes not only provide the Tone for this years' Key national engagement, but they indeed come at the Right Time.

We sincerely hope that together we shall be part and parcel of the much-needed solutions for the problems currently assailing the health sector. As you know, the facility based PNFP and PHP health service providers' together account for the bulk of facility based health service provision in Uganda. This relates also to the development of human resources for health. The facility based PNFP for example with over 700 health service provision points account for about 40% of hospitals, 17% of lower level facilities and 63% of nurse/MW/LA training schools. All these have translated into provision of significant OPD attendances, institutional deliveries.

Hon Minister, we have said before and do take this opportunity to express once again our appreciation for the support that is currently being extended to the PNFPs by the Government of Uganda and Health Development Partners.

The subsidies from GOU have supported over 700 PNFP service providers over 80% of which are situated in very hard to reach areas to provide the minimum health care package to people especially women and children who would otherwise have no access to Health care at all. The provision of ARVs to accredited PNFPs has expanded the coverage of ART services ensuring access for many who depend on these lifesaving drugs. Currently about 40% of the clients on ART in Uganda are served through PNFP hospitals. We commend the support from PEPFAR through USAID, CDC and DOD towards the HIV/AIDS response in Uganda. We commend and believe that the creation of mechanisms and or Activities like the USAID Local service Delivery Activity for PNFPs/CBOs/NGO (USAID LSDA), the CDC Engagement of FBOs and CBOs/PNFPs to Support and Sustain HIV Epidemic Control in the Republic of Uganda under the President's Emergency Plan for Aids Relief (PEPFAR) will go a long way in ensuring HIV epidemic control.

To mention but a few, we wish to commend the Government of Uganda through the Ministry of Health for the following;

- Not only establishing the essential medicines credit line support to the PNFP facilities at the
  Joint Medical store which has helped in availing the very much needed essential medicines
  and as such supported the capacity of PNFPs to continue the provision of the National
  minimum health care package but increased financing towards the same during this financial
  year.
- ii. Increasing the PHC towards the PNFP during this financial year. This cannot be taken for granted and as such we commend government for this undertaking.
- iii. We commend the reforms in the structure of the MOH, where a new Directorate of Health Sector Governance & Regulation was created, with two departments. One of the departments is of Health Sector Partners & Multi-sectoral Coordination which has helped streamline the coordination of the private sectors partners.

#### Challenges;

In addition to known challenges including underfunding to the Health sector, the COVID 19 Pandemic has significantly affected service health delivery not only in our sector but the entire Health sector. Among others, we continue to see the Health of our Human Resources for Health being put on the line on a daily basis as the number of community Transmission continues to increase. Although the need for continuous replenishment of the very much needed PPEs, soap, water, hand sanitizers are critical, we believe that through this JRM sustainable solutions can be found on how best to reverse the escalating trend of the pandemic including provision of support services to our HRH.

In a general sense we also add our voices to those calling for increased Financing, Efficiency and Accountability measures in the health sector so as to realize better performance. On our part we look forward to playing our role as partners and service providers in a sector that recognizes our health facilities as an integral part of the national health system.

Thank you for your attention and may God Bless us All. I wish us all good deliberations.

For God and my Country.

#### Dr. Tonny Tumwesigye

#### EXECUTIVE DIRECTOR, UGANDA PROTESTANT MEDICAL BUREAU

### Closing Remarks by the Hon. Minister of Health for State, Primary Health Care

Permanent Secretary, Ministry of Health

Director General Health Services

World Health Organization Representative

All Development Partners

Private Health Providers

Civil Society Organizations

Ministry of Health Officials and

District Leaders

Other Invited Guests,

Ladies and Gentlemen.

Good afternoon to you all participants. It is once again a pleasure to address you at the closing of the 26<sup>th</sup> Joint Review Mission. As was mentioned yesterday we are all embracing the new normal of virtual meetings and I would like to thank Defeat TB that has supported the link to host all participants.

The one and a half days of the JRM session has been tight as you all know we normally dedicate two to three days to discuss issues in the health sector. Nevertheless, we have been able to achieve the major objective of the JRM which is to receive and discuss the Annual Health Sector Performance Report for the previous financial year, we have identified the achievements, some of the challenges and bottlenecks in service delivery and expect that the action points in the aide memoire will be implemented and followed up to improve performance.

As you all heard the sector was able to achieve targets for only 4 of the HSDP key performance indicators, remarkable progress was made in 10 of the indicators and there was minimal or no progress or decline in 17 of the indicators. It is also worth noting that we have not been able to assess and discuss progress for 11 of the indicators as they are generated from surveys like the Uganda Demographic Health Survey undertaken by Uganda Bureau of Statistics. These are largely the impact indicators which determine the overall health status of the population. I therefore call upon UBOS to expedite the data collection process so that the sector can effectively evaluate progress made at population level.

I want to reiterate the four business shifts for the health sector in the next five years are;

- 1. To shift from a predominantly disease-oriented care system to a health promoting system. Making health everyone's business.
- 2. From siloed, segmented sector specific interventions to multisectoral collaboration with intersections and synergies.
- 3. From predominant facility-based care to PHC and population health management.

4. Fragmented and episodic health care to an integrated model of health care that continues over time. This requires simplifying and connecting programs and care from different providers and levels.

Ladies and Gentlemen, we all know that the COVID-19 pandemic is still with us for some time. The discussions and actions on this year's theme "Sustaining Health Care Gains Amidst the COVID-19 Pandemic to Achieve the Universal Health Coverage Goal" should be sustained so that we do not lose the gains made. I once again thank the WHO representative Dr. Yonas Tegegn for the wonderful Keynote address he made in respect to this theme. COVID-19 has negatively affected service delivery in many areas as highlighted yesterday and the recommendation is to develop a restoration strategy get back on track of the UHC targets. Colleagues this is an uphill task that requires the health sector and partners to rethink about the strategies and collaboration that will enable us to recover and sustain the goals.

I want to thank all the presenters during this JRM. All presentations were well thought through, informative and generated issues for discussion. I thank all health workers for the commitment and dedication to health service delivery. As Ministry of Health we shall continue advocating for increase in the wage bill as well as ensuring that accommodation for health workers is addressed. As we do this, we expect all Hospital Directors and Local Governments to strengthen the supervisory and monitoring role for performance improvement. The Regional Supervisory approach will be supported as elaborated in the just launched Comprehensive Support Supervision Strategy. The Support Supervision Guidelines will also be disseminated to ensure effective support supervision and follow up.

Ladies and Gentlemen, I once again thank the organizing committee of this JRM for being innovative to hold a virtual JRM. We received highlights of the Annual Sector Performance Report but the detailed report is available on the Ministry of Health website which you should be able to access and internalize the departmental and district specific performance.

Lastly Ladies and Gentlemen I thank you all for your participation in this very important activity. The key action areas have been documented in the Aide Memoire which will be finalized and disseminated.

I now have the pleasure to declare the 26th JRM closed. Thank You

FOR GOD AND MY COUNTRY.

DR. JOYCE MORIKU KADUCU

MINISTER OF STATE FOR HEALTH - PRIMARY HEALTH CARE

## Closing remarks by Health Development Partners at the 26<sup>th</sup> Health Sector JRM

Honourable Ministers

Honourable Members of Parliament

Permanent Secretary, MoH

Directors and Commissioners of the Ministries & staff of MoH

District Delegates

Health Development Partners

Members of Civil Society and Private Sector

**Distinguished Guests** 

Ladies and gentlemen

On behalf of the Health Development Partners, it is my pleasure to make closing remarks at this 26<sup>th</sup> Health Sector Joint Review Mission under the theme: "Sustaining Health Care gains amidst the COVID-19 pandemic to achieve the Universal Health Coverage goal".

We commend the launch of key documents- the National TB/Leprosy Strategic Plan 2020/21-2024/25 and Multi-sectoral Accountability Framework and the Ministry of Health Comprehensive Support Supervision Strategy and Guidelines by the Rt. Honourable Prime Minister yesterday. These documents will help to improve TB service delivery and standardize support supervision in the country.

Ladies and gentlemen, this Review of the previous year comes during very challenging times of the COVID 19 pandemic and most of us have had to participate virtually. Nonetheless, we have successfully reviewed the sector performance, identified challenges, and come up with recommendations for the next financial year.

As Health Development Partners, we continue to recognize the strong commitment of the Ministry of Health and other stakeholders to improve the health status of the population in the country and congratulate you all on the achievements made even during these challenging times.

Additionally, we commend the multisectoral response of the Government to the COVID 19 pandemic as well as the efforts made by the Ministry of Health towards continuity of essential health services.

The 2019/20 Annual Health Sector Performance Report that was presented and discussed during this review clearly outlines the sector gains and areas for improvement, some also due to effects of the COVID 19 pandemic.

Over the past year, we have all had to learn to be resilient, adapt and take advantage of whatever opportunities the current circumstances present. Some examples are the extensive use of technology platforms for virtual engagement across the sector; work to expand the intenstive care units across the

regional referral hospitals; capacity building for outbreak response; and local manufacture of PPE and hand sanitizers among others.

While there are efforts in the health sector to map partner activities and funding, to improve planning and budgeting at the central and decentralized levels; we have heard in this Review more needs to be done to strengthen coordination of partners in the sector and strengthen health governance and leadership at the District Local Government level. We commit to work with the Ministry for a more harmonized approach in financing and service delivery at all levels.

There is need to also improve and leverage multisectoral coordination in order to address most (75%) of the health burden in the country.

Health financing is another area to focus on as the country works to achieve Universal Health Coverage. We see from this year's Annual Health Sector Performance Report the high (43%) external funding contribution to the sector budget. The Health Development Partners will continue on work started with the Ministry of Health and Ministry of Finance, to develop a Health Financing transition and harmonization plan within the framework of the National Health Financing Strategy.

We have also worked with the Ministry to study areas for implementation of the Health Financing Strategy and enhancing Domestic Resource Mobilisation. The results will be shared soon.

Additionally, we commit to work together on the enactment and roll-out of the National Health Insurance Scheme for additional domestic resources.

HDPs commend Government for the Public Private Partnership. We however call for more involvement of the private sector in the continuity of service delivery in the wake of COVID 19.

Continued investment in Human Resources for Health remains critical and we acknowledge the progress made so far in recruitment and retention of health workers in the sector.

We however note that the absorption of funds availed to the Local Governments for recruitment of health workers for the upgraded health centres is relatively low. We encourage Government to come up with a startegy to accelerate recruitment to avoid return of the resources to the Consolidated Fund.

We appeal to the Government to provide the resources necessary to ensure the safety of health workers and continue to improve working conditions especially during this COVID-19 pandemic.

Lastly, the need to focus on health prevention and promotion as well as community health must remain a priority, as this will significantly contribute to Universal Health Coverage in the long term and the national COVID 19 response and continuity of health services in the immediate term.

Honourable Minister and distinguished guests, as Health Development Partners, we stand behind the Government of Uganda's aim to realize the National Development Plan III goals and are committed to contributing to the Human Capital Development program and will support the new approach to planning and budgeting guided by the budget reforms.

On behalf of the Health Development Partners, we thank you all for the productive, virtual Joint Review Mission and wish you a successful 3rd National Tuberculosis Stakeholder's Conference.

Thank you for listening to me.