

KEY RECOMMENDATIONS

A Study on Health Sector Reforms In Uganda: Lessons For The Health Sector Strategic And Investment Plan (HSSIP) 2010/2015

The following five recommendations are synthesized from the situation analysis that followed extensive literature review, key informant interviews, grass roots district surveys and the guidance from the Steering Committee and two Stakeholder consultations that were held as part of the study. The recommendations address particular aspects of both NHPII and HSSIP and are targeted at improving these documents

RECOMMENDATION 01:

- 1. There is a need for a broad inter-sectoral national dialogue on health and well-being of the people of Uganda. Health is currently viewed as treating and preventing diseases by the Ministry of Health and not as a way of life that is at the centre of the governance of society;**
 - 1.1. The health of individuals and communities is a prime concern of all societies. There is abundant evidence to show that countries that have achieved the best health indices at low cost are the ones that have undertaken collective multi-sector and multi-stakeholder national dialogue on population health. Such dialogue is led at the highest political level and results in a social and political compact between the government and the population. In Uganda, while the HSSIP acknowledges the need for multi sector action, practical steps for its achievement are not articulated.*
 - 1.2. It is therefore recommended that a structure under the leadership of the Rt Honorable Prime Minister be created to coordinate national dialogue and actions on the health and well-being of the people of Uganda. Establishment of another structure is recommended at technical level under the leadership of the Head of the Civil Service with the participation of the private sector and civil society. Similar structures should also be considered at district and sub county level.*

RECOMMANDATION 02:

- 2. There is a need to stream-line the decision making processes and redefining roles of various offices and organs in the MOH (Offices of PS / DG; Planning / QA; Resource Centre / Disease surveillance; HR development and Personnel; TMC, SMC, HPAC, NHA/JRM) for more effective stewardship and governance of the health sector**
 - 2.1. The midterm review reports for HSSP-I and HSSP-II as well as information from Key Informant interviews have pointed out the difficulties that have arisen from the current structure of the offices and governance structures at the MOH headquarters. The difficulties experienced include conflicts between officers and departments, overlap of roles and delays in decision making. These have contributed to significant shortcomings in performance over the years. Further, there is evidence to show that the recommendations and decisions taken during the Restructuring exercise of 1998/99 were not fully implemented with respect to leadership roles in this highly technical ministry.*
 - 2.2. While both NHP-II and HSSIP have discussed governance of the sector, they are silent regarding the well-known issues of sector governance structures. It is therefore recommended that a review is undertaken to streamline roles of the key offices and governance organs at the MoH headquarters.*

RECOMMANDATION 03:

3. There is need for review and institutionalization of a Systems approach for Supervision and oversight of services delivery including the use of continuous performance improvement approaches such as Quality Assurance tools, leadership and management capacity development, negotiation and communication skills, as well as routine self-assessment etc.

- 3.1. *There is evidence to show that technical oversight and supervision of services delivery has declined at all levels but more so of the front line health workers. Further, the Annual Health Sector Performance Report of 2009/2010 recommended the revival of consultant outreach program of supervision, and the reactivation of various supervision and QA practices however, these are not explicitly articulated in the HSSIP.*
- 3.2. *It is therefore recommended that in addition to other measures to strengthen health sector governance, a review is conducted of quality assurance procedures, tools and, supervision manuals already developed by the Ministry, so as to update and institutionalize them for immediate use, as tools for improvement of health services delivery.*

RECOMMANDATION 04:

4. There is need to conduct a comprehensive review of a number of health work force issues: education and training, recruitment and retention, HRH information systems and, incentives in order to align them with global good practice guidelines.

- 4.1. *Human Resources for Health are a critical input in all efforts to improve the performance of health systems in all countries. There is unanimity in the reviews of HSSP I and II and Annual Health Sector Performance Reports that the both the health and education systems are facing serious challenges in training and education, recruitment and retention and in incentives provided to the health workforce. At the global level, much attention has been applied to developing global good practice guidelines in health professionals training and management. These span the areas of skill mix planning, education and training that links the education and health systems, rural retention and incentive packages. It is recommended that Uganda should take full advantage of these global guidelines as they are being used successfully by a number of African countries.*
- 4.2. *Whereas the national constitution and HSC Act provide a key role for the HSC to manage all aspects of the health work force and in light of persisting health workforce issues noted above, the scope of work of the HSC needs to be evaluated and mitigating measures put in place to enhance its outputs beyond staff recruitments.*

RECOMMANDATION 05:

5. There is need to review and agree service standards by level, mobilize necessary resources for inputs needed for compliance with the standards and establish mechanisms for ensuring that the required capacity is developed for sustainable performance according to the agreed service standard.

5.1. *The midterm reviews and the Joint Assessment of HSSIP have noted that Uganda has, established service standard for delivery of the minimum health care package of services including implementation arrangements. Recommendations were made for development of measures (regulatory & legal framework) for assuring compliance by service providers. While this work was not accomplished as set out under HSSP II, the new HSSIP does not explicitly provide for its' being carried to completion to ensure guidance for oversight of the delivery of services in line with technical standards and public expectations. For example, health centers I, II, III and IV have clearly defined roles yet most have not received the required minimum inputs to enable them to perform in accordance with their defined roles and to meet public expectations.*

5.2. *It is therefore recommended that a review of health care service standards be conducted with a view to:*

5.2.1. Agree and update existing service standards by level,

5.2.2. Develop a health financing strategy to facilitate mobilization of the necessary resources to support delivery of the agreed service packages and in compliance with agreed service standards;

5.2.3. Establish regulatory or legal mechanisms to facilitate oversight in ensuring compliance and,

5.2.4. Build capacity at all levels for oversight of implementation of the services package and eliminate corruption.