

What happened to the health insurance scheme?

By Gloria Nakajubi

Argued as one of the best interventions to improve the health sector, the National Health Insurance Scheme remains but an unachieved priority in Uganda, 13 years since the first Bill was drafted.

Early this year, the finance ministry issued the Certificate of Financial Implication for the Bill, clearing it for tabling before Parliament as required by law.

Ideally, as explained by the former chairperson of the parliamentary committee on health, Kenneth Omona, unless faced with challenges, especially divergent public opinion, it should take about 45 days to process a Bill after the first reading.

"It took us an entire benchmarking trip to Israel on their health insurance and we

put down a number of reports on return. Unfortunately, these seem to be gathering dust on the shelves," Omona lamented.

Chris Obore, the communication's director, said Parliament is but a processing plant and only helps the Government to fulfil its objectives.

"Every policy serves a political purpose. So, if a given policy is not yet a political priority of the Government, it is bound to delay," he said.

Omona explained that this can largely be attributed to a 'political fear' from the health ministry officials who think by asking people to pay for their health, they will be making the Government unpopular.

"People want quality healthcare and if they cannot get it, not paying will not make the Government any popular. In any case, Ugandans are

BETWEEN THE LINES: Health insurance cover

■ According to the health ministry, only 1.5% of the 34 million Ugandans, mainly workers in corporate companies and the civil society, have health insurance covers.

■ If passed, the Bill will make it mandatory for those in formal employment and civil servants to contribute 8% of the salary to the National Health Insurance Scheme shared equally between the employer and the employee.

already spending highly in terms of out-of-pocket payments to health," Omona said. He added that the Ministry of Health has to be pushed to have the Bill tabled in Parliament.

The other dissenting opinion towards the Bill, according to Omona, has been the fear that this will become another "basket" for corrupt officers to feed from.

He, however, said there should be a strong system in place to curtail such leakages and abuses and not just another excuse for inaction.

Dr Sarah Byakika, the commissioner of planning at the health ministry, said the ministry is putting together the regulatory impact assessment as one of the requirements for a Bill to be tabled in Parliament.

"This is basically a review

of the different laws to ensure that the proposed Bill is in conformity. But also, to get the opinions of the different stakeholders," Byakika said. She said although they had done some consultations previously, these had not been systematically documented.

According to the commissioner, the target is to have all the legal processes accomplished by the end of the financial year. Failure to incorporate the informal sector, which constitutes the majority of Ugandans, has also been argued as the Bill's other weak point.

According to Frederick Makaire, the executive director of Save for Health Uganda, in its current form, the other challenge for the implementation of National Health Insurance has been the contradiction it creates

politically. "When you already have a seemingly popular free medical care, it gets challenging to go back and tell the same population to pay. Politicians have not been willing to take up this task," he said.

According to Makaire, focusing on the formal sector did not go down well with the largely informal population who are the most vulnerable to health delivery shocks. With the negative response, the health ministry had to go back to the drawing board and make amends.

Citing the case of Rwanda, Makaire argued that the success of national health insurance schemes is largely attributed to an elaborate legal and policy framework, political will and commitment and reliable population database