

UNIVERSAL HEALTH COVERAGE STILL A PIPE DREAM

By Gloria Nakajubi

For the last 18 years, in Luwero district, where the World Health Day 2018 was commemorated on Saturday, 25,000 people have been enrolled in community health saving schemes.

Every year, each member contributes sh20,000 which enables them to access services at private health facilities in the area for up to sh250,000 per bout of illness.

In Kamuli district, a group of 50 women collects as little as sh500 per member every week for health. The members of Mwesigwa Women's Group from Luzinga village have managed to create a safety net for health.

"We no longer worry about transport to health facilities and paying bills, which used to be a big challenge," Monica Mutesi, the group's assistant chairperson, says.

Patients, especially women who are the majority users of health services in poor settings, usually fail to seek care from health facilities because of lack of money, which could be as sh1,000. However, with the savings for health schemes in place, life can become a little bit more bearable.

World Health Day

This year's World Health Day theme is *Universal Health Coverage: Everyone, everywhere* and a number of communities with support from mostly non-government organisations are adopting creative ways to finance their health care.

Defined as the ability of all people to access quality health services, where and when they need them, without suffering financial hardship, universal health coverage still eludes many Ugandans.

Health economist Dr Elizabeth Ekirapa-Kiracho explains that discussions on universal health coverage need to encompass aspects of



A motorcycle ambulance that was donated to Ibulanku Community Health Centre in Iganga district to help transport pregnant mothers

affordability, accessibility and resilient systems.

"The out-of-pocket expenditure is still at 40%, which means that people are paying heavily to access healthcare. This eventually limits access for many," Ekirapa-Kiracho, who is also a senior lecturer at Makerere University School of Public Health, says.

In the absence of a national health insurance scheme that is deemed to reduce the out-of-pocket expenditures, there are a number of interventions in communities to enable them access medical care. Some are contributory in nature, while others are subsidised or purely donor funded.

Village health saving schemes

Schemes such as the ones



A community health volunteer in Kanungu district administering a depo provera injection. Several NGOs are delivering free health services to Ugandans

in Luwero and Kamuli are contributory ones. Members make daily, weekly, monthly or sometimes annual contributions to a pool from which one can access funds when the need arises. In some schemes, one can access funds above their savings. Others limit withdrawals to the value of one's savings. For formalised schemes such as those in Luwero, there are clear structures of administration and the members are affiliated to specific hospitals.

According to a 2014 paper titled *Community Health Insurance-a vital sub-scheme of the National Health Insurance Scheme by Save for Health Uganda*, Kabale Diocese Community Health Insurance Scheme and the Uganda Community Based Health Financing presented

to the Ministry of Health, community health insurance (CHI) dates back to 1996 at Kisiizi Hospital in Rukungiri district.

"It has grown to 22 schemes covering 150,000 beneficiaries in western and central Uganda. Anecdotal evidence shows that on average CHI schemes coverage is 40% of the target population in their areas of operation," reads the paper.

"While there are daunting challenges affecting CHIs, there is equally growing evidence on integrating, regulating and financing CHI globally that Uganda can take advantage of. The experiences of Ghana, Rwanda and Tanzania reveal that community health insurance initiatives

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