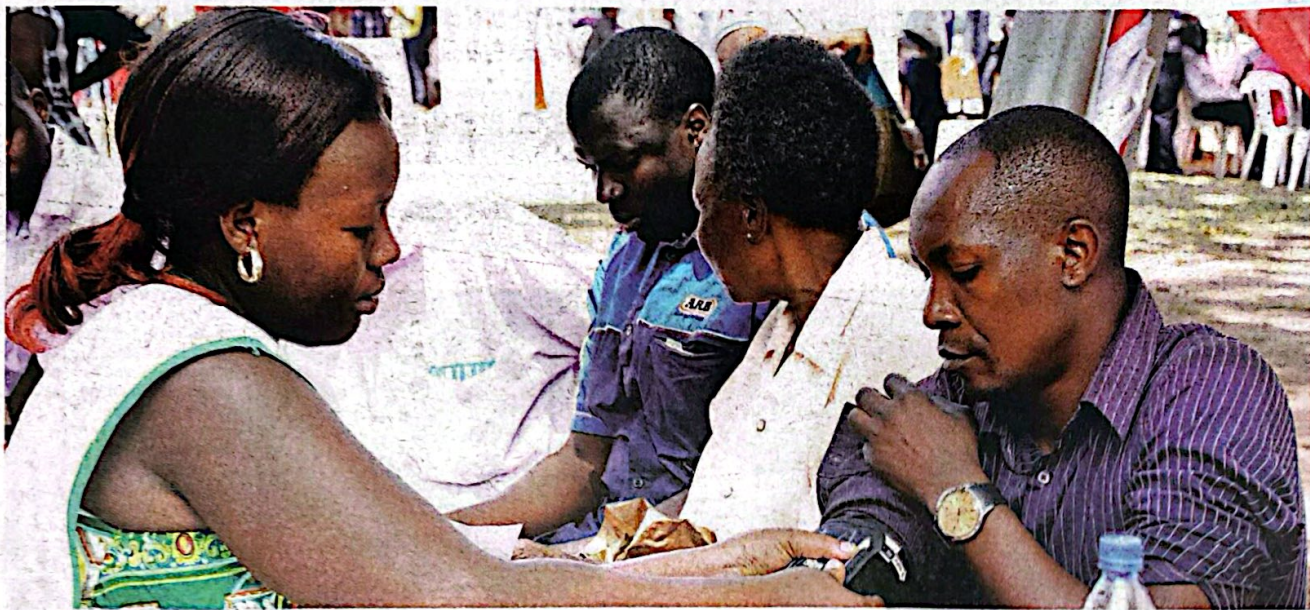




A resident gets his blood pressure checked during the Parliamentary Health Week in the CHOGM Gardens, Kampala in January. Photo by Miriam Namutebi

By Paul Kiwuuwa

Health Committee pushing for reform

During the Ninth Parliament, a decision was taken to set up a separate health committee, after realising that the level of health service delivery in Uganda was short of the desired benchmarks.

The social services committee was split to create the health committee. This was meant to enable the legislature provide effective oversight over the health sector, and, thereby, enhance the quality and quantity of health service delivery to Ugandans.

The health committee is one of 15 sectoral committees provided for under the Parliamentary Rules of Procedure. Its composition is determined at the start of each new session. Sectoral committees last one session (one year) and comprise about 30 members designated by Whips and approved by the House.

Mandate

The health committee is mandated to examine the policies affecting the Ministry of Health and other related institutions, including non-government organisations (NGO), to initiate or evaluate action programmes of those agencies in the health sector and make appropriate recommendations.

The committee is also tasked with scrutinising the government's recurrent and capital budget estimates relating to the health sector and examine Bills brought by the government before the House.

What business has the committee handled?

According to Helen Kahunde, the committee vice-chairperson, the health committee has this year handled some routine business such as policy statement and budget estimates for the health sector and the Auditor General's report 2015/2016 on the accounts of the agencies in the health sector.

Others are the previous parliamentary recommendations on the ministerial policy statements and the budget framework in regard to

the sector.

However, the committee is currently considering the Mental Health Bill 2014, which seeks to repeal the Mental Treatment Act of 1964. The Bill is to provide for a new law for care and treatment for persons with mental illnesses at primary healthcare centres.

It has also scrutinised the National Laboratory Service Bill 2016, which seeks to establish the Uganda National Health Laboratories Services as an autonomous body.

The committee is also pressing the Government to table before Parliament the long-awaited National Health Insurance Bill. The committee wants the Bill expedited since it has the potential to improve access to healthcare and reduce out of pocket spending in Uganda.

Kahunde says the pace at which the Government is moving to establish a national health insurance scheme is slow. The Bill was drafted 13 years ago, but has not been approved by the Cabinet.

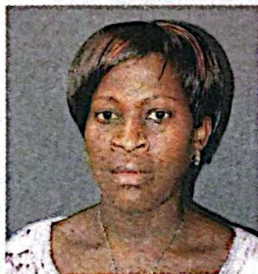
Kahunde says in April last year, Keith Muhakanizi, the Secretary to Treasury, issued a certificate of financial implication for the National Health Insurance Bill, 2012 to pave way for the creation of the scheme.

Another legislation the committee hopes to handle next year is the Indigenous and Complementary Medicines Bill, 2013. The Bill was drafted to regulate the use of indigenous and complimentary medicines.

Kahunde said the herbal products are unregistered and often not controlled by the regulatory bodies and the absence of a law to regulate these practices has caused problems.

Oversight role

Joel Sebakali, the MP for Ntvetwe County in Kyankwanzi district



Helen Kahunde



Beatrice Rwakimari

and also a committee member, says the members interacted with the ministers and technical heads of the various health facilities. The committee also visited Cipla Quality Chemical Industries Limited that manufactures Anti-retroviral (ARVs) and other drugs.

"We were impressed by the quality of the medicines which are also exported to the East African region," Sebakali says.

During the visits and inspections of the various institutions, the committee, "discovered that the core problem is poor working conditions, chronic scarcity of medicines, medical supplies for

emergency care, medical hospital equipment, which are causing preventable and unnecessary death to children and mothers in all government facilities.

According to Sebakali, the majority of regional referral hospitals lack blood, a leading cause of maternal and infant deaths. "Many Ugandans donate blood. The problem is that all the seven regional blood banks in the country ran out of testing kits and reagents used to test blood to determine its group," he says.

"The committee found some government health facilities had stocks of expired medicines and testing kits. Sources at these health facilities said the National Medical Stores (NMS) uses a "push system" of dumping unrequested medicines in a bid to avoid audit queries over expired medicine in their stores," Sebakali says.

Sebakali says some health officials accused the NMS of supplying medicines with short shelf-life or not requested for by the health facilities.

He says when they visited the NMS warehouse in Entebbe, it was found fully stocked with drugs, yet stock-outs persist at health facilities. "We asked the NMS general manager, Moses Kamabale, why stock-outs persist and he said the stock-outs are mainly as a result of theft of drugs, or health facilities failing to make their orders on time," Sebakali says.

More funding

Beatrice Rwakimari (Ntungamo Woman MP), one of the committee members, says the Government should increase funding to the health sector to enable it deliver and maintain an efficient and effective healthcare delivery

system in Uganda. "The health sector requires a budget of at least sh3.84 trillion to address the major problems," she says.

The health budget for the financial year 2017/2018 is sh1.8 trillion, which is nearly 6% of the national budget. In the financial year 2016/2017, it was nearly 9%.

Rwakimari argues that Uganda has failed to implement the Abuja Declaration (2001) that requires member nations of the African Union to increase their health budget to at least 15% of the state's annual budget.

Rwakimari, who was an MP in the 8th Parliament, says: "For the last 10 years, Parliament has consistently advocated for better healthcare delivery. The 8th Parliament addressed the hitherto perennial shortage of drugs in the public health facilities by allocating the entire medicines budget for all public health facilities under the National Medical Stores.

Ambulance system

Kahunde says the committee observed that the ambulance system is wanting. The committee recommends that a policy be enacted to guide the ambulance system in Uganda.

She says new ambulances should be prioritised for hard-to-reach areas. Also, special consideration should be made for mountainous areas and islands in the distribution of ambulances.

"Many ambulances are grounded in most of the health facilities. Yet an effective ambulance is an asset in the reduction of maternal mortality and an important determinant of an effective referral system," Kahunde says.

Sebakali says there is an urgent need for a complete health reform to address issues of the health budgets, training and adequate remuneration of human resource. This is meant to ensure efficient delivery of services.

He adds that the Government should improve personnel capacity building, rehabilitation of the physical infrastructure, better record keeping, provision of timely information, equipping health facilities and ensuring access to medicines.