

Each Ugandan would be investing sh1,125 every month in the health fund



Insight with JOACHIM BUWEMBO

You have probably by now heard that the Government shall be paying sh23,000 per baby born from next year. Already, the Government is paying sh25,000 per elderly person per month in many districts and hopes to roll this out to the entire country soon.

These cash handouts make a huge difference in the lives of the people, who would otherwise miss out on the basics of life.

I often want to cry when I hear some so-called 'corporates' sneer at the money, asking what sh25,000 can do. That is the talk born out of urban excitement, by people who have forgotten their rural origins rather too fast.

WHAT SH25,000 CAN DO

Sh25,000 can buy two kilos of sugar, a bar of soap, a half-litre of cooking oil and two half kilos of meat.

If every helpless old person in the country can have that or alternatives of their preference in a month, it is not something to belittle, especially if their 'corporate' relatives won't do it for them.

Remember also that these old people look after many young children 'dropped' on them by their daughters and granddaughters, who move to towns to start another life. So, the 25,000 helps more people than one. It also boosts business all over the country because it makes more shops and kiosks viable in the villages if they have demand.

Similarly, a young jobless mother with a baby will find sh23,000 per month making a world of difference.

We can bet that several babies, who would have been thrown down latrines, will have a second chance if their teenage mothers receive this stipend.

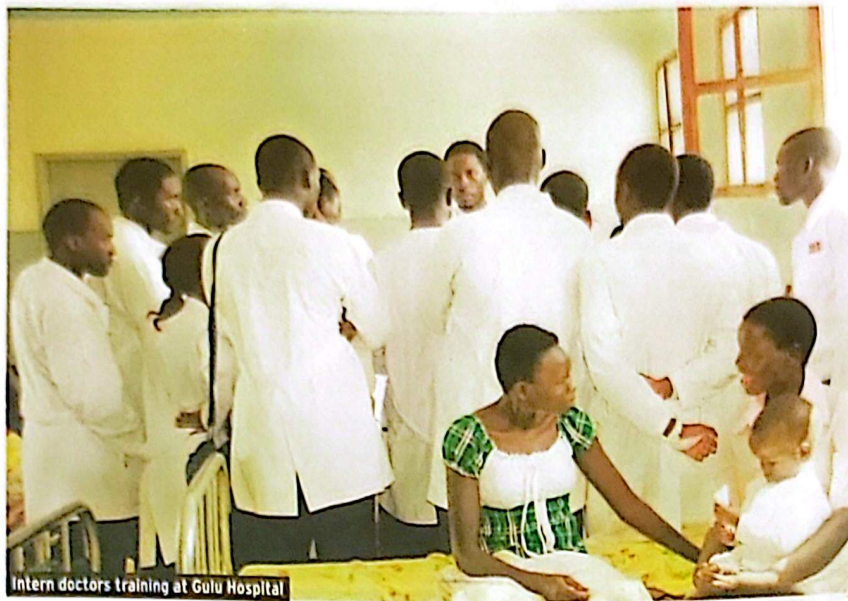
The first 1,000 days of life are the most crucial and it makes an entire difference if the mother is emotionally stable or stressed. Please before you ask what sh23,000 per month can do, first imagine yourself surviving on zero shillings a month.

STRIKING MEDICS

Now to our current crisis of striking medical workers. We have heard millions of words that have been expended in the debate of what to do about the crisis.

We have heard the health ministry

Health for all: Pay MPs extra sh10m per month



Intern doctors training at Gulu Hospital

disowning the intern doctors — after consuming their services. (Talk of use and dump!). We have heard more reflective views, like people wondering why Ugandans willingly take care of their basic necessities of food, shelter, clothing and then demand that the Government takes care of health care.

Several have argued that if every Ugandan can pay sh1,000 a month for health insurance, then the matter would be solved.

It is on that suggestion that we need to build, first by asking, where can a Ugandan get one thousand shillings per month? Mind you, we have been conditioned to expect the Government to provide healthcare, even if it is of the non-existent version. We insist and demand that the Government meets our medical bills, even if it does not.

So, back to the cash handouts for old people and newborn babies. Thank God it is already happening — the Government and donors have initiated it. So, if one Joachim Buwembo now suggests another cash remittance, the

idea cannot be dismissed as wild. The argument can only be over the practicability of the suggested approach. So here is the Buwembo

Solution to our medical strikes and sick hospitals.

SOLUTION TO MEDICAL STRIKES

If we have 400 elective MPs and about 40 million people, then on average every MP represents 100,000 people, right?

Let us start with the totals. Let MPs increase their monthly allowances by sh10m each, after all it is within their power to do so as they have always done through their commission.

The difference is that this time it would be for a noble and revolutionary cause. So the emoluments of MPs are increased by sh10m each, which will total to sh4.5b every month. (Some ex-officio members like non-elected ministers and others, such as army representatives, do not bring the number of MPs to 450.)

The members then proceed to donate their monthly block emolument of sh4.5b to us, their

40 million suffering citizens as our health fund.

It would mean that each Ugandan would be investing sh1,125 every month in the health fund. Actually, disease does not discriminate nationalities, so we should be talking of residents not only citizens.

Each MP would be allocated the number of residents in their constituency, multiplied by sh1,125, so they sign off the cash on behalf of their people.

Someone can be assigned the simple task of working out sharing of beneficiaries between the district woman MP and the regular constituency MPs in the district. Every month, each MP would sign off the cash to the health fund for his or her constituents.

WHAT WOULD THE SH4.5B DO?

Our smart people would work out the most optimal way to deploy this money. One scenario could be to split it in 2:1 ratio for doctors' emoluments; to material supplies, so that sh3b goes to the 1,500 doctors in public service, where each gets a sh2m operational allowance per month.

Then each of the 200 plus constituencies would designate a referral hospital to take a share of the sh1.5b, each getting about sh100m worth as medicines and medical supplies a month, after adjusting to the population numbers in each area. Then every member of the public would be entitled to free referral services at the constituency referral hospital, courtesy of the MPs.

JUSTIFICATION

Why come up with this crude model health insurance financing? Well, because it is better than no model and no health insurance finance model for everybody, from the toddler in Karamoja to a farmer in Kasese.

Secondly, the MPs would have no difficulty getting the money. And since it was not theirs in the first place, they would have no problem putting it in the fund.

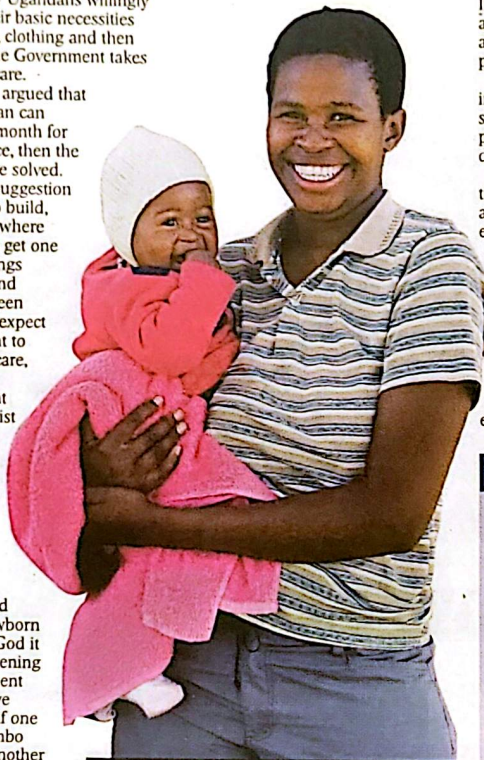
Thirdly, our people are used to demanding free things and this will be one way of giving them a useful free thing.

Fourth, the MPs would ensure diligence and accountability in the implementation since this would technically be their money.

Fifth, we could have some more serious investments in pharmaceutical industries as there would be guaranteed demand for their outputs — there would be forty million customers with effective demand.

For several years, talk of public health insurance has been in the air, which is already stuffy with rotting health services. What we have suggested above is certainly not the best model. But it is better than zero model. Or an insurance proposal that cannot take off because it is based on foreign models that are at best theoretical.

We know our people. We know our politicians. We know our weaknesses. We need something based on our realities. A sh1,125 monthly insurance contribution for everybody can make a significant difference, much like the sh2,500 for the elderly or the new, expected 23,000 per baby.



Mothers can do more for their babies with sh23,000

IN FIGURES

SH1.5B

Each of the 200 plus constituencies would designate a referral hospital, each getting about sh100m worth as medicines and medical supplies a month.

SH3B

Goes to the doctors in public service so that each gets a sh2m monthly allowance.