



Disease prevention and promotion: A sure path for improving health outcomes in Uganda

OVERVIEW

The National Health Policy II recommends that a minimum health care package be delivered to all people in Uganda. This package consists of the most cost-effective priority health care interventions and services addressing the high disease burden that is acceptable and affordable within the total resource envelope of the sector. Local Governments (LGs) have the responsibility to deliver majority of frontline health services as they are critical in improving the country's health related indicators through the Primary Health Care (PHC) system.

The Government of Uganda (GoU) over the years has increased funding to the health sector to improve the delivery of the minimum health care package. The increase has majorly been in the areas of infrastructural development where facilities have been constructed, others rehabilitated and equipment procured.

This policy brief highlights the benefits that could accrue if the government scaled up its efforts towards prevention and health promotion.

KEY ISSUES

- Increased fiscal space for the health sector.
- Reduction in medicines stock-outs.
- Reduction in health worker workloads and burn outs.
- Reduction in morbidity and mortality due to non-communicable diseases.
- Increased productivity of the population as result of having a health workforce.

Over the second National Development Plan implementation period, health has been recognized as a crucial component of human development and poverty eradication. In this regard, improvement of health service delivery is a critical governance issue. Poor health conditions lead to chronic diseases, high rates of absenteeism and low productivity of the labour force. Prevention on the other hand can help reduce the risk factors that lead to chronic illness. In Uganda the changing life styles have resulted in an increase in the prevalence of non-communicable diseases like diabetes mellitus, cardiovascular diseases, chronic respiratory diseases, cancer chronic obstructive pulmonary diseases, etc. Majority of these are preventable but continue to claim lives.

Goal 3 of the Sustainable Development Goals (SDGs) aims to ensure healthy lives and promote the well-being for all ages. By 2030, it is hoped that the Goal will be achieved by ending the epidemics of AIDS, Tuberculosis, Malaria and neglected tropical diseases; and combating hepatitis, water borne diseases and other communicable diseases.

INTRODUCTION

Uganda's health sector aims at producing a healthy and productive population that effectively contributes to socio-economic growth. This will be achieved by provision of accessible and quality health care to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health care. The roles and contributions of all health care players; the Government, non-Governmental and private players including indigenous traditional and complimentary health practitioners remain pertinent in the implementation of the second national development plan (*National Planning Authority, 2015*).

The extent of preventive diseases

According to the Health Sector Annual Performance Report FY2015/16, the leading causes of morbidity in general hospitals among children aged five years and above were: Malaria, Pneumonia, and Anaemia.

These are however, preventable conditions that should be addressed through health prevention and promotion. Malaria accounts for 31.6% of illness among children less than five years in general hospitals.

Table 1: Leading causes of death in General Hospitals in FY2015/16

Under five cause of death			5 years and above cause of death		
Condition	Number	Percentage	Condition	Number	Percentage
Malaria	1,390	30	Malaria	748	11.1
Anaemia	670	14.4	Pneumonia	555	8.2
Pneumonia	655	14.1	Anaemia	551	8.2
Neonatal sepsis	389	8.4	Other cardiovascular diseases	328	4.9
Septicaemia	160	3.5	Hypertension	295	4.4
Diarrhea –acute	151	3.3	Septicemia	287	4.3
Injuries –trauma due to other causes	145	3.1	New TB cases	234	3.5
Injuries -Road Traffic Accidents	134	2.9	Injuries –Road Traffic Accidents	229	3.4
Respiratory infections	101	2.2	Gastro-intestinal disorders	206	3.1
Asthma	93	2	Injuries –Trauma due to other causes	197	2.9

Source: Annual Health Performance Report FY 2015-16

The report further notes that the fatality rate for regional hospitals was 2.9% with inpatient fatality rates above 4% being observed in Mbarara, Arua and Fortportal hospitals. Over 90% of the deaths among children less than five years and 60% of the deaths among patients above 5 years were due to treatable/preventable infections. This shows how the country stands to gain and improve its performance if prevention is given priority.

From Table 1, diarrhea accounted for 3.3% as the leading cause of death for under-fives in general hospitals. According to the National Service Delivery Survey 2015; close to eight in every ten households (78%) did not have any functional hand washing facilities, while only 8% had hand washing facilities with both water and soap. This

pattern was similar across sub-regions although Ankole had the highest percentage of household (19%) with hand washing facilities with water and soap. Proper hand washing is a good hygiene practice that can help reduce diarrhea and other hygiene related conditions which government spends a lot of money treating and at times leads to death. Health promotion activities geared towards increasing hand washing, and proper hygiene can help reduce diarrhea cases in the population which will reduce morbidity and mortality caused by the disease.

Physical activity is a leading factor in good health; this makes physical inactivity a leading risk factor both in terms of mortality and morbidity, imposing financial pressures in the sector.

According to the Ministry of Health Rapid Non-Communicable Disease (NCD) Morbidity and Mortality Assessment Report (2011), NCDs killed 1,064,000 people in 2010. It was further estimated that for every 100,000 men, 1,094 died of NCDs while for every 100,000 women, 685 died of NCDs. Diabetes and heart diseases were the leading causes of death killing 56% of the women and 51% of men who died of NCDs. The costs of treating these NCDs can push the households into poverty, lead to loss of income and prolonged ill health. However, the risks associated with physical inactivity are preventable.

High cost curative services

The country spends a lot of money in treating the sick population. According to the approved estimated of revenue and expenditure, regional referral hospitals planned to spend Ug shs 59.875 billion excluding ACTs, ARVs, and other medicines that are donated. Table 2 shows the different approved budgets for curative¹ services at regional referral hospitals for FY 2016/17.

Table 2: Approved expenditure for curative services at Regional Referral Hospitals

Regional referral Hospital	Total cost of curative services excluding ACTs and other medicines distributed by NMS (Ug Shs)
Arua	3,729,268,000
Fortportal	4,901,399,000
Gulu	4,497,577,000
Hoima	4,631,693,000
Jinja	5,988,382,000
Kabale	3,565,673,000
Masaka	3,903,777,000
Mbale	4,931,345,000
Soroti	3,540,540,000
Lira	3,782,585,000
Mbarara	4,871,302,000
Mubende	3,764,554,000
Moroto	3,179,342,000
Naguru	4,587,957,000

Source: Approved Estimates of Revenue and Expenditure-MoFPED

Economic Benefits of health promotion and disease prevention

Leveraging fiscal space: According to the Ministry of Health, over 75% of disease burden in Uganda is preventable (MoH, 2010). Using the cost based on the expenditure on curative services in regional referral hospitals, Uganda stands to save over Ug shs 44billion if it scaled up health promotion and preventive activities. This will reduce economic pressures to the sector that is often associated with inadequate funding.

Reduction in medical stock outs: According to the Annual Health Sector Performance Report (AHSPR) FY2013/14, the number of facilities reporting stock-out of essential medicines was 57%. According to AHSPR FY2015/16, more than a quarter of health facilities still experienced stock-out of essential medicines and health supplies.

The National Service Delivery Report-2015 indicated that the proportion of households that rated the availability of drugs as good declined between 2008 and 2015 by four percentage points. The implication is that patients in public health facilities do not get complete services as many miss the required drugs. This leaves many patients buying medicines from private pharmacies increasing out of pocket health expenditure. With reduction in the number of patients seeking medical care especially curative care, demand for drugs would be reduced.

Reduction in health worker workloads: If 75% of the patients that turn up to seek services from the health systems are kept away by fostering preventive medical care, this could reduce health workers workload by at least 50% other factors remaining constant as the disease burden would be reduced.

¹ These included: inpatient services, Outpatient services, medicines and health supplies, diagnostic services, general staff salaries

Reduction in overcrowding: Overcrowding in health facilities is very common in public health facilities. This leads to delays in the time the patient is attended to, increases floor cases, leads to health workers burn out and compromises the quality of health care provided to patients. Increasing preventive health care and scaling up health promotion will reduce the number of people seeking curative services especially in the public health facilities and thus overcrowding.

Conclusion

It is evident that prevention will greatly improve the health sector outcomes. This is a sure way of solving the funding paradox of the health sector in Uganda. The Ministry of Health efforts to introduce the community health extension workers will go a long way in addressing the preventive health care and health promotion. To that effect, this initiative should be prioritized.

References

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