



MAKERERE UNIVERSITY



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

COUNTDOWN TO 2030: WOMEN'S, CHILDREN'S & ADOLESCENTS' HEALTH

Fact 1

The poor, irrespective of their residence or sub-region, have high under-5 mortality rates.



In Uganda, **1 out of 16** children born, dies before their 5th birthday.



Karamoja is the most affected region and **1 out of every 9** children born, dies before their 5th birthday.

Call to Action:

- » **Interventions to curb under-5 mortality should target the poor** wherever they are especially the urban poor in the slums.
- » **Increase efforts in the sub-regions where most under 5 deaths occur** (Karamoja, Busoga, Bunyoro, North central (northern parts of Buganda-Buikwe, Buvuma, Kayunga, Kiboga, Kyankwanzi, Luwero, Mityana, Mubende, Mukono, Nakaseke, and Nakasongola), West Nile and Tooro) prioritizing budgets and committing to action plans to end preventable deaths as articulated in the "Sharpened Plan"

Fact 2

The richest have better coverage for RMNCH interventions than the poorest counterparts.



For **every 3 women** among the rich that attend four Antenatal care visits (ANC4) only **1 among the poor** has access to this service.

Call to Action:



Improve the public health system which is mostly used by the poor. Particularly, improve the quality of care in lower level public health facilities across the country by **providing essential medicines/drugs**, basic equipment and human resources.


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African Population and Health Research Center

FOR MORE INFORMATION: Visit: <http://countdown2030.org/> Email: mnh@musph.ac.ug Or The Planning Division at Ministry of Health, Uganda



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Fact 3

For every 3 women

who deliver in the hands of skilled health workers in urban areas, only 1 gets the same service in rural areas.



Call to Action:



Recruit and retain more midwives in the rural areas.



Provide attractive remuneration

for these midwives as an incentive for them to stay and work in rural areas in addition to providing essential medicines and equipment for use especially in lower level health facilities.

Fact 4



Coverage for Child immunization interventions among the urban poor is comparable to the coverage in the rural areas.

Usually efforts are focused on expansion of services closer to the rural communities with less attention to the urban areas.



Call to Action:

Adopt supplementary immunization delivery models that take the services to where urban poor women work from. For example in the market places as opposed to homes.

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ADDRESSING HEALTH INEQUITIES IN UGANDA

To achieve the SDG set targets for under 5 mortality, Uganda needs to reduce the mortality at an annual average rate of 5.9% between 2019 and 2030.

Programs & Plans in Action

The Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP): This is a loan and grant facility worth USD 140 million received from the Global Financing Facility under the World Bank. The objectives of the URMCHIP for Uganda are to: **(a)** improve utilization of essential health services with a focus on reproductive, maternal, newborn, child, and adolescent health services in target districts; and **(b)** scale-up birth and death registration services.

The **"Sharpened Plan"** recognizes that RMNCAH cannot be adequately dealt with separately but only through-integrated programs along the continuum of care. It addresses the critical need for a coordinated and collaborative implementation across sectors with its 5 strategic shifts; **1)** Focus geographically, **2)** High burden populations, **3)** High impact solutions, **4)** Education-empowerment-economy-environment; **5)** Mutual accountability.

HSDP 2015-2020 is an ambitious plan that aims for reaching all in Uganda with quality services, with a focus on control of infectious diseases and reproductive, maternal, newborn and child health. The HSDP midterm review was an important moment to take stock of progress and performance and identify challenges.

Future Opportunities

Despite progress, sizeable inequality gaps by region, residence and socioeconomic status/wealth persist and need to be addressed to achieve the SDG of "Leaving no one behind"

- **Focus investment in poorest performing sub-regions:** Karamoja, Busoga, Bunyoro, North Central, West Nile, and Tooro. Increased investment should not, however, mean shifting resources from better-performing sub-regions. This recommendation is aligned with the Ministry of Health's **'Sharpened Plan'** Strategic Shift #1 to increase efforts in districts with high under-five preventable deaths.
- **Additional funding to all public health facilities, which almost exclusively serve the poorest:** Though services received through Uganda's public health facilities are free of charge, these facilities are chronically understaffed, hard-to-reach (especially in the rural areas), short of essential medicines and supplies, and overcrowded.
- **Pursue continued collaboration for tracking health inequities between the rich and poor, urban and rural, slum and non-slum communities.**
 - o For example, periodic health equity analyses carried out jointly by the Ministry of Health and academic institutions could lead to improved dialogue and action between academic, policy, and budgetary realms that capitalize on Uganda's own existing expertise


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