Policy Brief

April 2019

Leaving no woman or child behind

Addressing health inequities in Uganda

The Sustainable Development Goals (SDGs) include ambitious targets—including ending all preventable maternal, newborn and child deaths by 2030. Uganda's progress in reducing such deaths has been slow and uneven.

An essential element of achieving the SDGs targets will require action to address existing health inequities between rich and poor, rural and urban, slum and non-slum so that all have equal coverage of essential health services.

According to the World Health Organization, health inequities are unfair systematic differences in the health status of different population groups. These differences are some of the significant challenges that health policy and program managers aim to bridge. Unfortunately, to date, there is a lack of a routine process for detailed analysis of health inequities related to maternal, newborn and child health in Uganda to guide responsive policy and planning.

Measuring health inequalities

This work aimed to conduct maternal, newborn and child health equity analyses using existing Uganda data (including Uganda Demographic and Health Surveys, and DHIS2 data).

This was done as a part of the Countdown to 2030 for Women's, Children's, and Adolescents' Health East and Southern Africa Regional Initiative, in which the Uganda Ministry of Health and Makerere University School of Public Health worked side-by-side taking a closer look at sub-national variations in coverage and the equity of cost-effective interventions.

This brief describes the findings and actions that we believe will accelerate progress towards ending preventable maternal and child deaths, regardless of where they live or their ability to pay.

By the numbers: Maternal and child health in Uganda

Population:
-% Urban: **16.4**
-% Rural: **83.6**

Maternal mortality per 100,000
-In 2006: **504**
-In 2016: **336**
-Average annual reduction rate to meet SDG target of 70 deaths per 100,000 live births: 5.9%

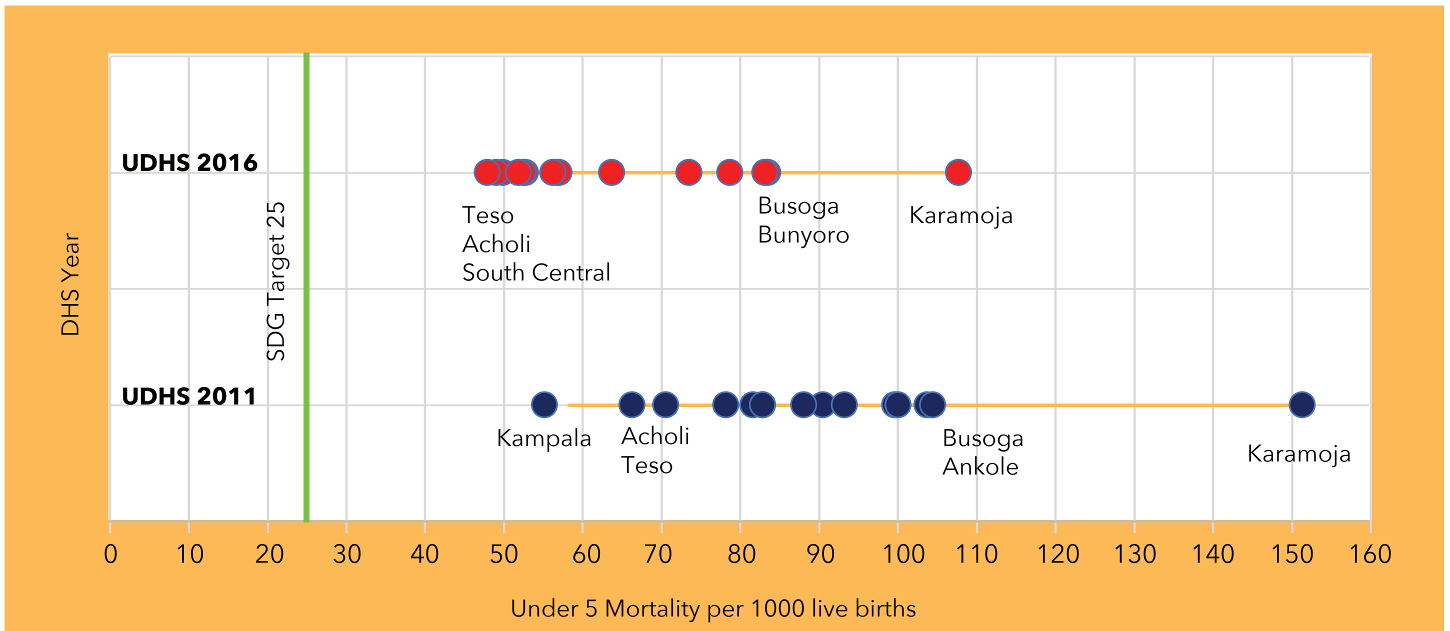
Under-five mortality per 1,000 live births:
-In 2006: **102**
-In 2016: **64**
-Average annual reduction rate needed to meet SDG target of 25 deaths per 1,000 live births: **11.9%**

Source: Uganda Demographic Health Surveys

Sub-national inequalities in under-5 mortality

In the past two decades, Uganda has seen significant progress in the reduction of child mortality rates, especially among the disadvantaged and most impoverished populations. However, evidence shows persistent health inequalities by sub-region (Fig. 1). Six sub-regions of Busoga, Bunyoro, Karamoja, Northcentral (Northern Buganda), Tooro and West Nile have the highest mortality rates compared to the other nine regions. Figure 1 further indicates that there is still a long way to go to attain the SGD target of 25 deaths per 1000 live births.

*Figure 1: **Child mortality rate by region - DHS surveys for 2011 and 2016***



Child mortality reduction has been faster in the MDG era and after that at an average annual reduction rate of 7.7; but still, Uganda will need to increase its yearly reduction rate to 11.9% per year if it is meet the SDGs target (25: 1000). Uganda has almost seen no reduction in neonatal mortality, and this remains a critical national priority (Figure 2b).

Maternal mortality ratio (MMR) has reduced at an average annual reduction rate of 3.3%, which is slow (Figure 2a). Uganda will need to increase to a rate of 5.9% per year if it is to meet the SDG target of 70 deaths per 100,000 live births by 2030.

*Figure 2a: **Trend in Maternal mortality rate***

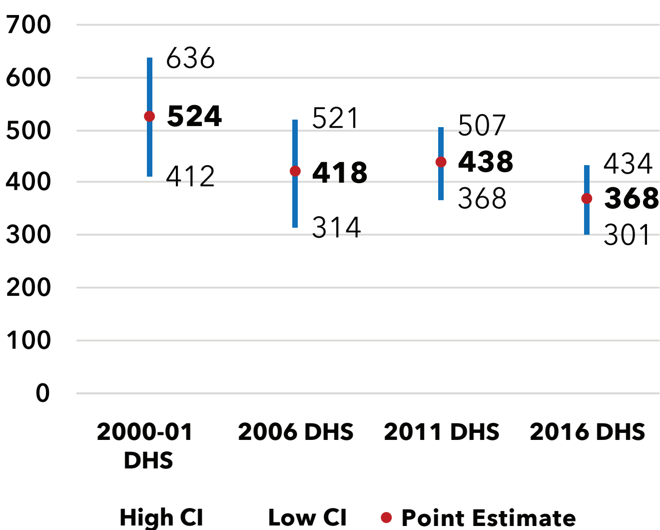
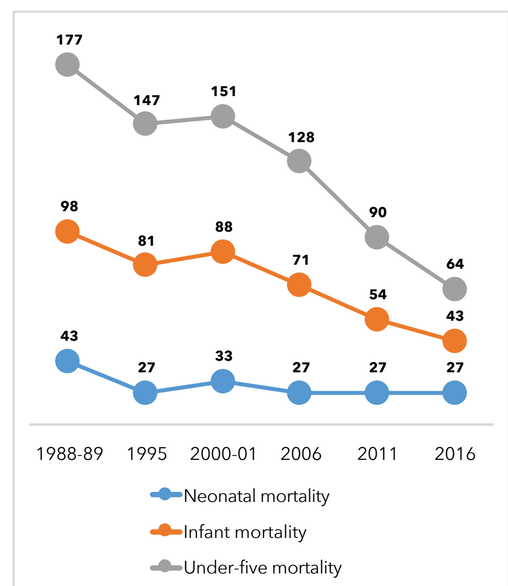


*Figure 2b: **Trends in Child Mortality***



Urban vs. rural inequalities in child health

There was a reduction in the under-five mortality rate for the five years preceding the survey among people in urban and rural areas. However, in the two surveys, the decline was higher among the rural population. The gap between the two groups, therefore, narrowed in 2016 (Figure 3a).

Figure 3b shows a decrease in the under-five mortality rate, but in recent years, the mortality rate in Kampala city has been higher than in other urban areas. As a result, Uganda is losing the urban survival advantage. A possible explanation is that government and partner efforts have usually focused on the expansion of services closer to rural communities with less attention to the urban areas.

Figure 3a: ***Child mortality rate by residence***

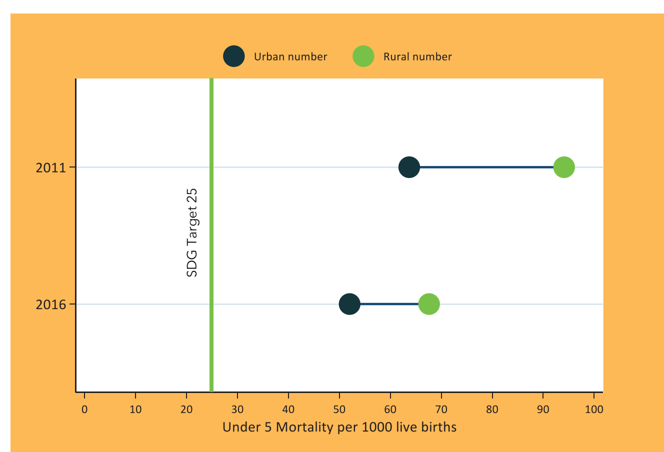
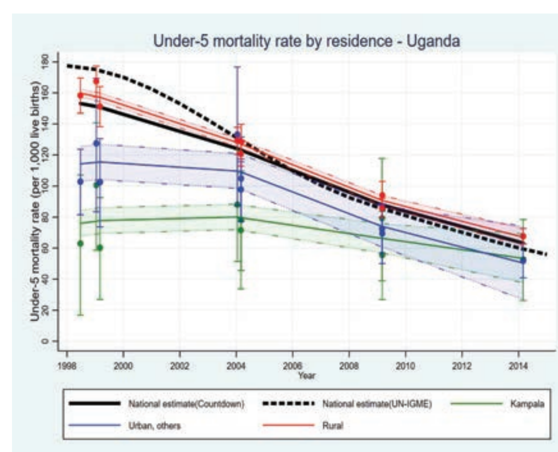


Figure 3b: ***U5MR by residence, and Kampala***



Wealth inequalities in the vaccination coverage

The wealthiest 20% of the population have higher coverage for maternal and child health interventions than the poorest. For every three women among the rich that completes the recommended minimum of four antenatal care visits, only one poor woman does the same.

In the table below, the ratio is a relative measure while the difference is an absolute measure of inequality. These indicate the coverage gap between the wealthiest and poorest quintiles. Indicators with differences closest to zero have greater equity – which means that both rich and poor are getting about the same coverage.

Table 1: ***Inequality gaps in CCI and its components by wealth***

Coverage Indicator	Wealth (Richest 20% Vs Poorest 20%)			
	RATIO		DIFFERENCE	
	2016	2011	2016	2011
Four Antenatal care visits	1.3	1.4	13.6	17.9
Family planning coverage	1.7	2.5	23.8	34.4
Skilled birth attendance	1.4	2.0	28.7	45.7
Pentavalent vaccine 3rd dose	1.0	0.0	1.0	0.9
BCG vaccine	1.0	0.9	2.5	-0.9
Measles vaccine	1.1	1.1	9.8	6.5
Oral rehydration salts for diarrhea	1.0	1.1	1.9	2.5
Care seeking for pneumonia	1.1	1.1	6.1	4.5
COMPOSITE COVERAGE INDEX (CCI)	1.2	1.3	13.5	17.8

Recommendations to improve health equity for MNCH in Uganda

1. **Focus investment in poorest performing sub-regions:** For Uganda to make progress towards achieving SDGs, there must be a more comprehensive implementation package that includes both prevention and clinical services across the country. However, special attention must be put on Busoga, Bunyoro, Karamoja, Northcentral (Northern Buganda), Tooro and West Nile. 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.

2. **Develop a national policy and strategy for urban health care delivery with particular attention to the urban poor or slum dwellers.** Designing an urban primary health care strategy that addresses the needs of these populations will be necessary.

3. **Uganda should strengthen the implementation of comprehensive preventive and clinical services.** The low hanging fruits in child health are now generally inexistent. The current low under-five mortality yet high maternal and neonatal deaths call for a responsive primary health care system with an integrated referral system to functional health facilities that provide quality clinical services. It calls for a duo investment in both preventive and clinical services if Uganda is to make progress towards its health sector and SDG targets.

4. **Embed active learning in the implementation of national health programs** including the need to pursue continued collaboration for tracking health inequities between the rich and poor, urban and rural, slum and non-slum communities. Embedded implementation research and periodic health equity analyses carried out jointly by the Ministry of Health, and academic institutions will be required. We think that this could lead to improved dialogue and action between academic, policy, and budgetary realms that capitalize on Uganda's existing expertise.

Call to action

Although Uganda's ongoing efforts have registered progress, there is still a long way to go. Decisive action is needed to accelerate progress towards achieving the Sustainable Development Goal targets of less than **70** maternal deaths per 100,000 live births and less than **12** neonatal and **25** under-five deaths per 1,000 live births.

In this era of progress towards universal health coverage which has emerged as a global health priority, it is crucial to tackling health inequalities. Without an equity focus, it will not be possible to end preventable deaths of women and children.

Sources/References:

- Uganda Demographic and Health Surveys (2011 and 2016). ;
- Government of Uganda Annual Health Sector Performance Report, 2017/18
- Reproductive Maternal, Newborn and Child Health Sharpened Plan for Uganda, 2013

About the Countdown to 2030 East and Southern Africa Regional Initiative

As part of Countdown to 2030 for Women's, Children's and Adolescents' Health, a global, multi-institutional initiative that aims to improve coverage measurement and monitoring, and strengthen the regional and country capacity for evidence generation and use, the African Population and Health Research Center coordinated a regional consortium that brought together research and public health institutions as well as government agencies from 20 countries of Eastern and Southern Africa (ESA), to help them better track and analyze data, and communicate research findings on maternal, newborn, child and adolescent health, reproductive health, and nutrition. The initiative calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to achieve universal coverage for women's, children's, and adolescents' health. It is hoped that the evidence will be used by government decision-makers to improve programming, and increase resource allocation to achieve the national and global targets to end preventable maternal, newborn, and child deaths. For more information, please visit *http://countdown2030.org/*

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