



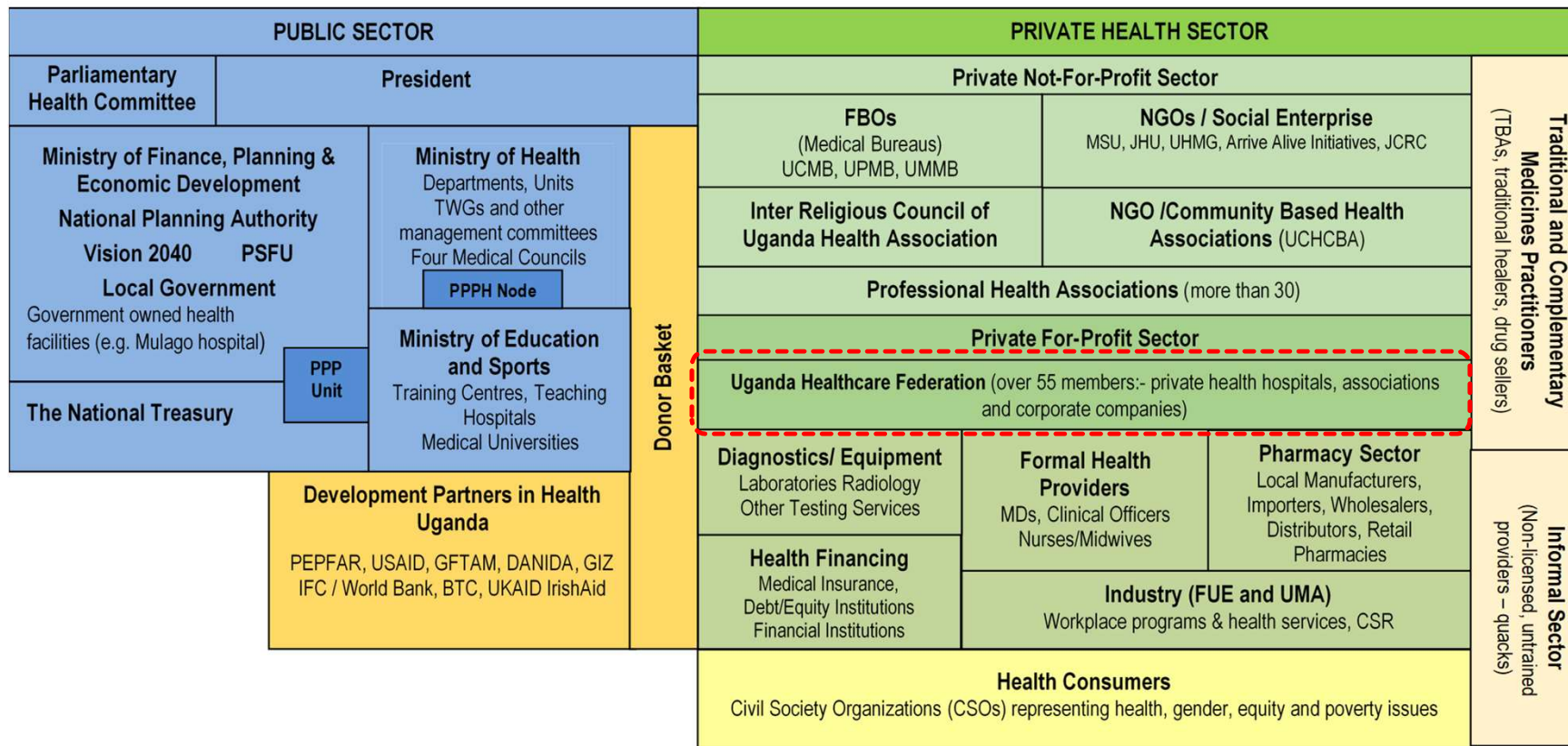
# INITIATIVES IN PRIVATE HEALTHCARE IN UGANDA

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UGANDA HEALTHCARE FEDERATION

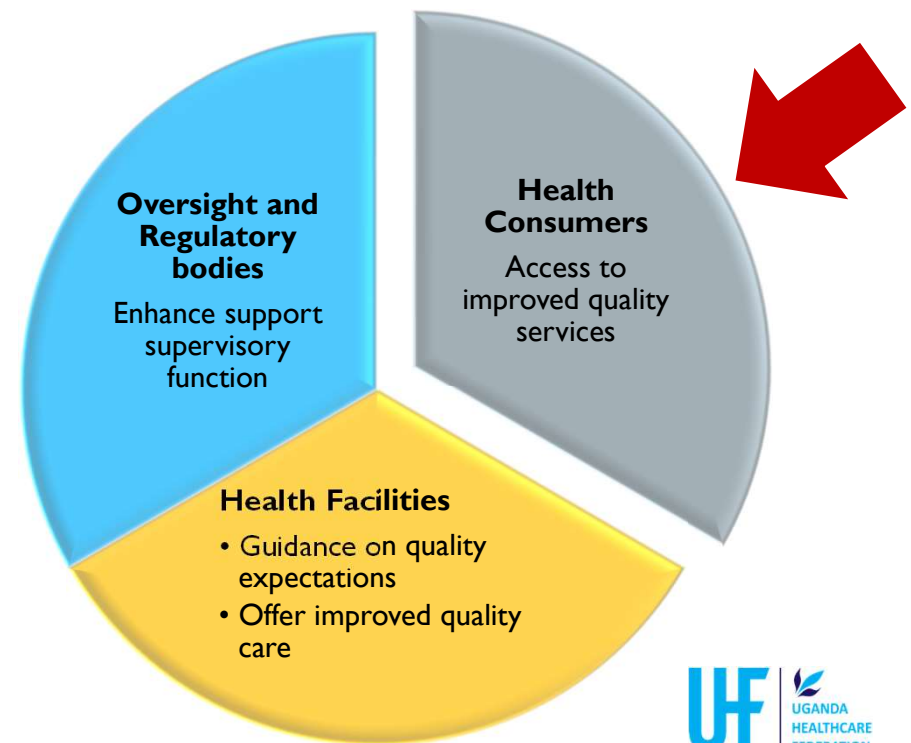


# UGANDA HEALTH SYSTEM (USAID PSA 2017)



## CONTEXT

- Health Sector Development Plan 2015/16 – 2020/21 (HSDP)
  - Under the health legislation and regulation framework
    - Develop a national accreditation system
      - To accredit health facilities in Uganda
        - Ensure the non-state health facilities in the country provide quality healthcare to the consumers
        - Enhance health sector competitiveness in the region and globally



## FACILITY OWNERSHIP

### Number of Health Facilities by Type and Ownership, 2017

Facility Level/ Ownership	MOH	PNFP	PFP	Total
<b>Hospitals (National, Regional, General, District)</b>	69	66	36	171
<b>Health Center IV</b>	175	21	19	215
<b>Health Center III</b>	992	299	219	1,510
<b>Health Center II</b>	1,834	520	1,854	4,208
<b>Subtotals</b>	<b>3,070</b>	<b>906</b>	<b>2,128</b>	<b>6,104</b>

Source: Uganda Health Facility Inventory, 2017

## INITIATIVES TO IMPROVE QUALITY

Limited Support  
Supervision

Program Specific  
Supervision

Limited Resources for  
Regulation

Peer to Peer  
Supervision

Self- Regulation

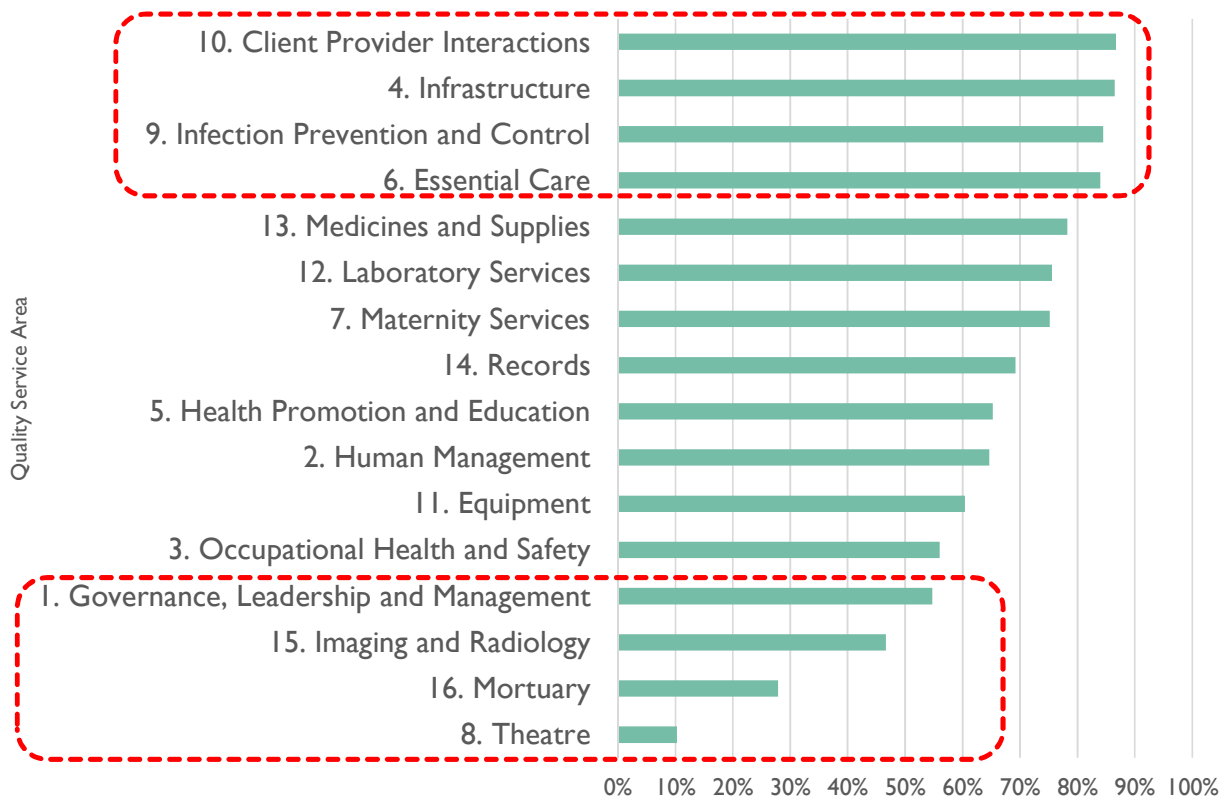
# SQIS - STANDARDS AND STRUCTURE

4. INFRASTRUCTURE						
	Standard	Operational Definition	Means of Verification	Frequency	Score Yes=1 No = 0	Comments
4.1	Is the physical structure, design and layout of the facility in line with the approved standards?	a The physical structure, design and layout of the facility is in line with the approved standards for the level of care	Observation	Bi-annually	1	
		b Space available is sufficient for the range of services offered			1	
		c The facility is located in a safe and quiet environment for proper healing			1	
		d There is provision for access for the disabled			1	
4.2	Is the health facility external environment clean and protected?	a The health facility is fenced off	Inspection	Annually	1	
		b Paving or growing of grass to avoid bare ground			1	
		c Grass is cut short / paving well maintained with clear pathways.		Weekly	1	
		d Compound is clean and free of litter.		1		
		e There are dust bins in appropriate places.		1		

**Table 2. Weightings for Each Domain**

Domain	%
1. Infrastructure and Amenities	6
2. Essential Care	20
3. Maternity services	6
4. Equipment	4
5. Laboratory Services	4
6. Medicines and health supplies	9
7. Client-Provider Interactions	4
8. Health Promotion and Education	3
9. Infection Prevention and Control	18
10. Records	5
11. Facility Governance, Management	5
12. Human Resource Management and Development	4
13. Occupational Health and Safety	3
14. Imaging and Radiology (IR) Unit	3
15. Theatre	4
16. Mortuary	2
Total	100

# SQIS AVERAGE PERCENTAGE SCORES



- Average score 74%
- 49% exceed pass mark
- 65% score less than 80%
- 73% of those in Kla scored less than 80%
- 61% of those outside Kla <80%

# QUALITY TOOL/ MECHANISM OVERLOAD

ABT & Marie Stopes

Pace/ PSI

RBF

SQIS

HFQAP

Private Insurers

**More in development...**

FBOs

SAFECARE

Baylor

COHSASA

UHMG

SLIPTA/  
SLIMTA

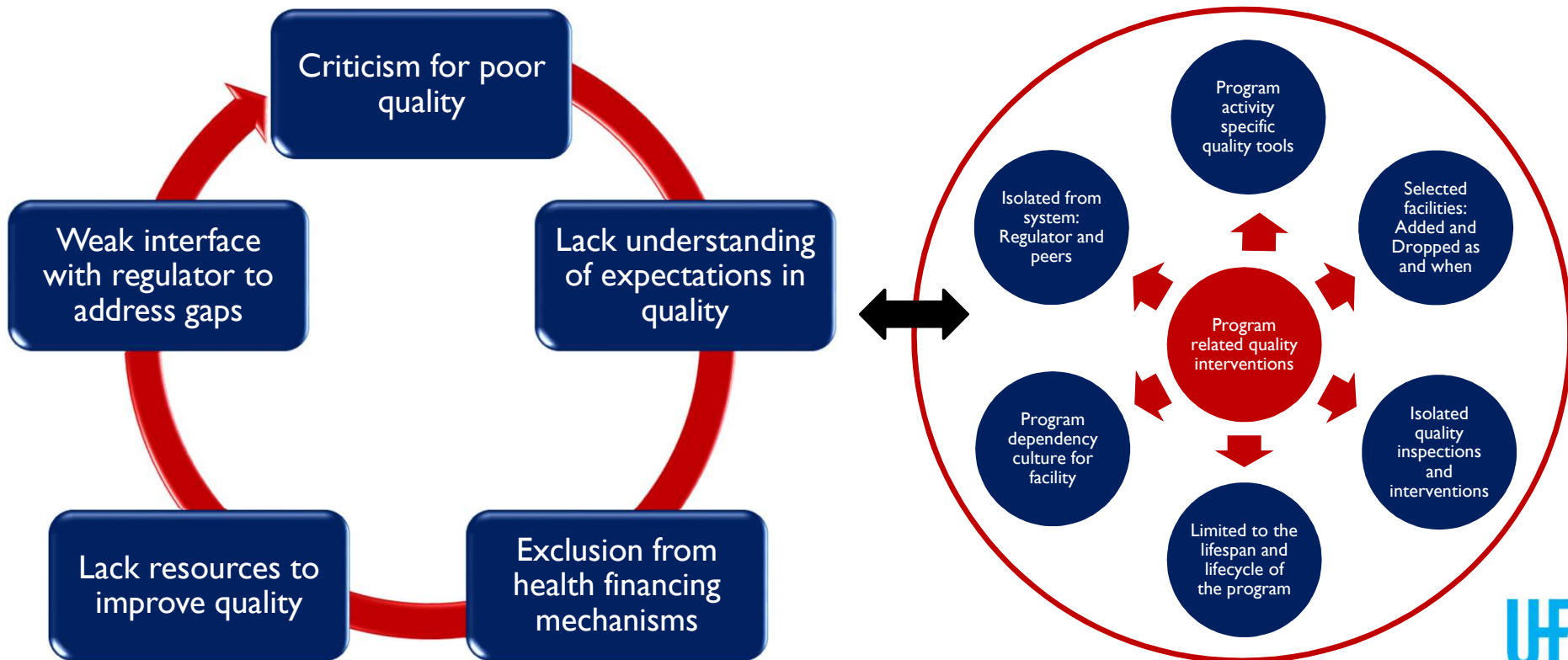
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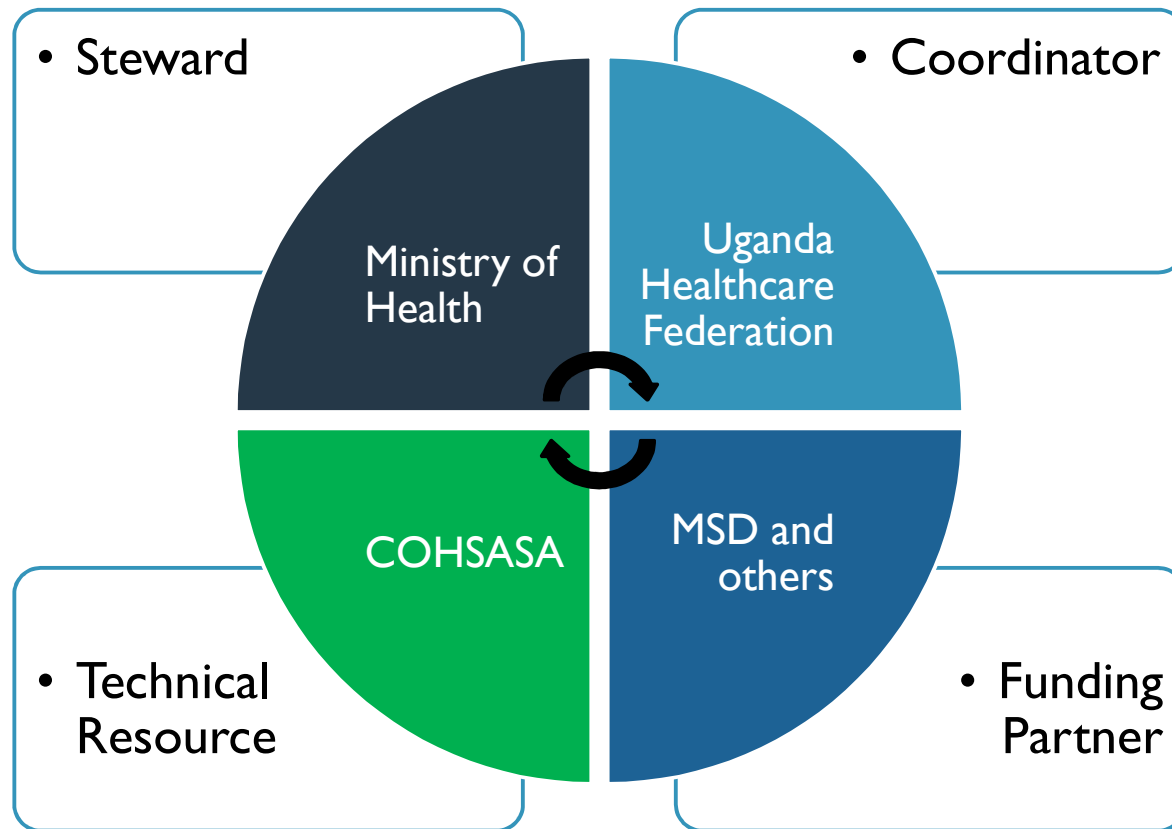
# QUALITY TOOL/MECHANISM SCORECARD

Framework	Resourced	Functional	Impact
WHO	Green	Red	Red
EAC	Green	Red	Red
MOH	Yellow	Yellow	Red
Regulatory Councils	Yellow	Yellow	Red
Local Government	Red	Red	Red
Umbrella Bodies	Red	Yellow	Yellow
HDP Projects/ Programs	Green	Yellow	Yellow
International Voluntary Mechanisms	Red	Green	Red

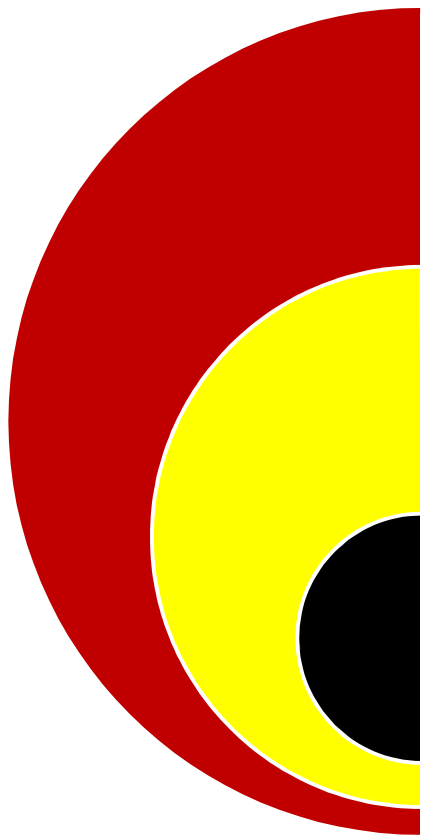
# QUALITY QUAGMIRE



# QUALITY MECHANISM HARMONIZATION ROLES



# WAY FORWARD: SYSTEM FOR QUALITY IMPROVEMENT



Accreditation

Certification

Registration and  
Licensing

- Affordability and accessibility for local providers
- Develop local talent and technical ability to the highest level
- Harmonizing existing toolkits
- Reflecting rural and urban dynamics
- Digitized with core PHC and modules focused on key program areas
- Offer solutions and interventions for quality gaps
- Offer pathways to accreditation level
- Building on existing tools
- Reflect regional and international policy and regulatory perspective
- Digitized with access by Govt, private providers and consumers

# REALIZING REAL RESULTS IN QUALITY IMPROVEMENT

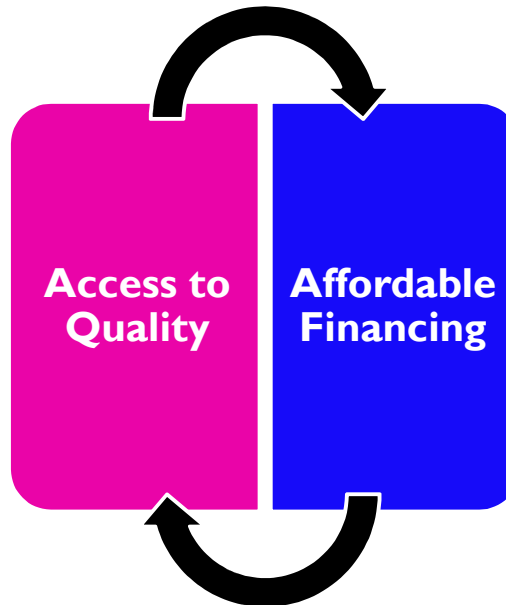
Meet and maintain minimum regulatory standards

Expand scale and scope of services

Equipment and modern technology

Growth and expansion of structures

Introduce ICT and eHealth solutions



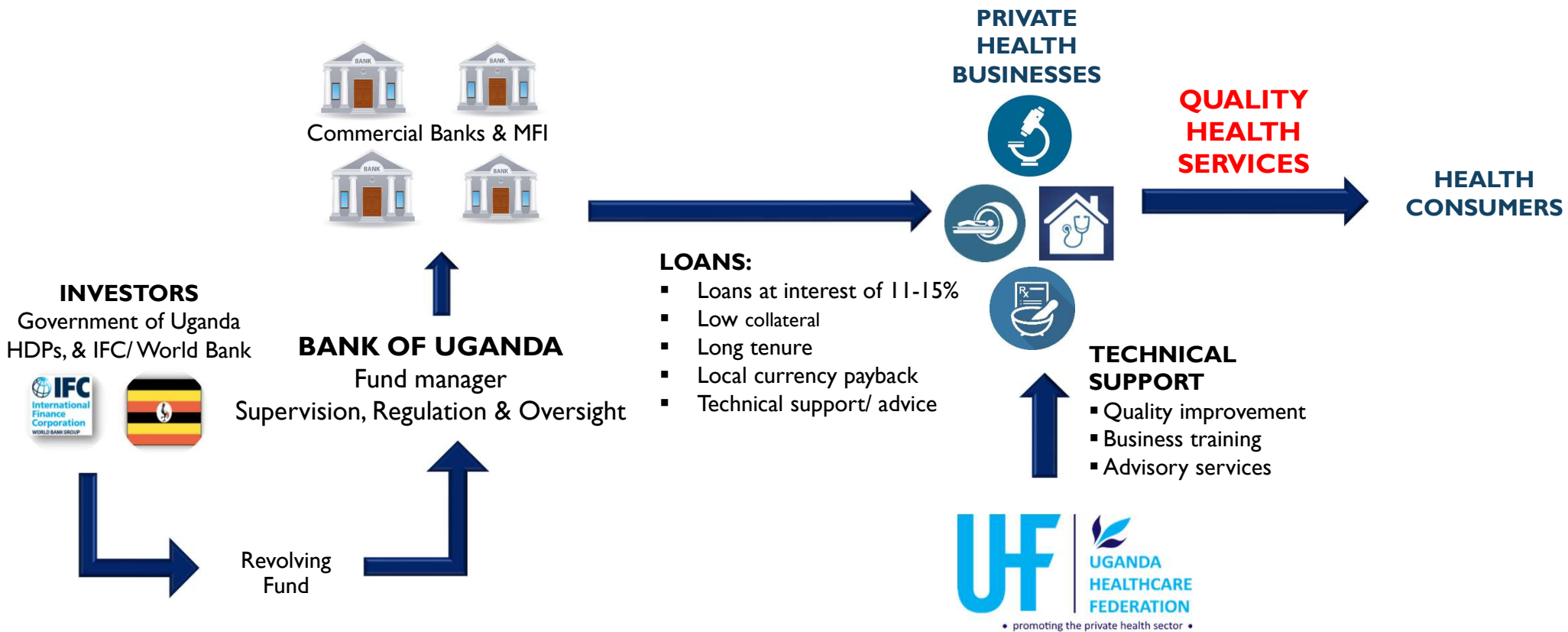
Unfavorable lending situation:

- High prime lending rate (20% - 30%)
- Short loan tenure
- Stringent collateral requirements (120% of the loan value)
- No technical assistance in health business investment decision making

## PRIVATE SECTOR SOURCES OF FINANCING

TYPES OF FINANCING	PERCENTAGE
Retained earnings	62%
Commercial bank	16%
Friends or family	12%
Supplier credit	6%
Money lenders	4%

# MEDICAL CREDIT SCHEME STRUCTURE



## ANTICIPATED OUTCOMES

- Influence collaboration on quality at local government and community level service delivery points
- Strengthen capacity for private-public referral systems
- Improve health indicators
- Increase scale and scope of services domestically
- In time...attract health consumers from the region and beyond



- Thank you

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