

## Uganda's healthcare system

Uganda's health system, summarised in figure 2, is comprised of decentralised healthcare services, overseen by district health teams across 112 districts and the central ministry of health.<sup>1</sup> The decentralised district is the local level of decision-making for health services delivery, including the planning and implementation of human resources for health policies, budgeting for medicines, supplies, sundries, infrastructure and amenities such as electricity and water.<sup>2</sup> The district health team is led by a District Health Officer who works with a team of 7 health managers. Alongside other district departments such as education, agriculture, water and sanitation and community development, they report to the Chief Administrative Officer. These technical departments are governed by the political arm of government headed by the Local Council V chairperson, assisted by District Councillors. Each district has sub-districts, which are lower-levels of policy-making and monitoring of health services at the sub-county levels.<sup>34</sup>

Each district often has a General Hospital, and referral level Health Centre IVs at the health sub-districts.<sup>56</sup> Each Health Centre IV at the health sub-district supervises a number of Health Centre IIIs, which often have maternal health services in addition to ambulatory care. Below the Health Centre IIIs are dispensaries labelled Health Centre IIs. At the community level, are Village Health Teams who provide day-to-day referral of patients from the community.<sup>78</sup>

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<sup>1</sup> MoLG. List of Local Government Districts. Secondary List of Local Government Districts 2013.

<http://www.molg.go.ug/local-governments>

<sup>2</sup> MoH. Health Sector Strategic and Investment Plan, 2010/11-2014/15. In: Department of Health Planning, ed. Kampala: Ministry of Health, Republic of Uganda, 2010.

<sup>3</sup> MoH. Health Sector Strategic Plan II, 2005/06 - 2009/2010. Kampala: Republic of Uganda, Ministry of Health, 2006

<sup>4</sup> Barugahara PM, Everd. Mugisha, J Francis. . The challenges of managing government-seconded health workers in private not-for-profit health facilities of Kibaale district, Uganda Health Policy and Development 2008;**6**(3):142-52

<sup>5</sup> MoH. Health Sector Strategic and Investment Plan, 2010/11-2014/15. In: Department of Health Planning, ed. Kampala: Ministry of Health, Republic of Uganda, 2010

<sup>6</sup> Konde-Lule J, Gitta SN, Lindfors A, et al. Private and public health care in rural areas of Uganda. BMC international health and human rights 2010;**10**(1):1

<sup>7</sup> MoH. Health Sector Strategic and Investment Plan, 2010/11-2014/15. In: Department of Health Planning, ed. Kampala: Ministry of Health, Republic of Uganda, 2010

<sup>8</sup> Ekirapa-Kiracho E, Namazzi G, Tetui M, et al. Unlocking community capabilities for improving maternal and newborn health: participatory action research to improve birth preparedness, health facility access, and newborn care in rural Uganda. BMC Health Services Research 2016;**16**(7):93.

In Uganda's rural setting, most healthcare services are provided by the public and the private not-for-profit (PNFP) sector, the latter involving mainly faith-based Catholic, Protestant and Muslim Medical Bureaus.<sup>9</sup> Both primary and secondary care is provided at referral level health facilities; Health Centre IV and hospitals whereby workforce teams include physicians, non-physician clinicians (NPCs), nurses and midwives, laboratory technicians, dispensing staff and records personnel. Clinicians are scarce, particularly physicians, therefore the backbone of the workforce consists of nurses and midwives, NPCs and the unqualified providers such as the nursing assistants who have undergone certificate training for less than nine months. Since, 2008, unqualified cadres are being phased out of the health workforce structures, through prohibiting recruitment, and replacement of retired staff.

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<sup>9</sup> Barugahara PM, Everd. Mugisha, J Francis. . The challenges of managing government-seconded health workers in private not-for-profit health facilities of Kibaale district, Uganda Health Policy and Development 2008;**6**(3):142-52.