

Uganda



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Uganda's population is estimated at 28.25 millions with a population growth of 3.4% and a total fertility rate of about 6.7 children per woman in 2006. Around 78% of the population lives in the rural areas. GDP per capita is still low at US\$270. Average inflation rate has been below 5 percent. The country has achieved an economic growth of 5.5%. The proportion of the population living below the poverty line declined from 38 percent in 2004 to 31 percent in the 2006. Northern Uganda, afflicted by conflict over the past 19 years remains the poorest region with 61% of the population living below the poverty line. While peace talks progressed significantly, this region still experiences a humanitarian crisis with about 1.6 million people living in Internally Displaced Populations (IDP) camps in 5 districts.

HEALTH & DEVELOPMENT

Development: Continued high population growth is undermining the gains achieved in current economic growth of 5.5% posing a challenge to the government as it strives to reduce poverty. Uganda's development strategies, that fully mainstream the MDGs, are articulated in the National Development Plan (NDP). The MDGs which is the overall guiding framework for investment. The partnership principles developed to guide Development Partner behavior and support outline the modalities for support with preference for budget support to increase the effectiveness of development assistance. Current modalities include central budget support and project support. Uganda receives high levels of development assistance amounting to approximately 12% of Gross Domestic Product (GDP) and about 50% of the government budget. The expansion of Government expenditure, has not matched domestic revenues, and the fiscal deficit stands at 7.2% of GDP in FY2005/06. A central objective of the Government's macroeconomic strategy is to reduce the overall fiscal deficit to 6.5% by 2013/14 by restraining growth in government expenditures while raising domestic revenues.

Health indicators: Although indicators remain unacceptably high, some improvements have been registered in the recent past. IMR reduced from 88 and U5 MR reduced from 152 in 2000 to 76 and 137 per 1,000 respectively in 2006. MMR reduced from 505 in 2000 and 435 in 2006 per 100,000, but still remains high. HIV prevalence is estimated at 6.4%. Urban residents, higher income quintiles and the highly educated have more favorable indicators than their counterparts.

Burden of disease: The burden of disease remains predominantly communicable diseases although there is also a growing burden of noncommunicable diseases (NCDs) including mental health disorders. Maternal and perinatal conditions also contribute to the high mortality. Neglected Tropical Diseases (NTDs) remain a big problem in the country affecting mainly rural poor communities.

Coverage with essential interventions: This remains low with inequalities by residence, education level and social economic group. The country achieved DPT3 coverage of 80%¹ but 49% of districts have coverage below 80%. The proportion of children under 5 and pregnant women sleeping under an Insecticide Treated Net (ITN) is currently 9.7% and 10.1% respectively whilst the Intermittent Presumptive Treatment (IPT2) coverage is only 16.6%, far below the Abuja target of 60%. Antenatal coverage (4 visits) is 62%¹; Contraceptive prevalence rate has remained low at 24% with a variation of 43% in urban areas and 21% in rural areas. Unmet need for family planning increased from 34% to 41%.¹ Indicators for TB case detection rate and treatment success rate are 49.6% and 73.2% respectively,¹ well below the WHO tuberculosis control targets. This is complicated by a HIV/AIDS co infection rate of 50% amongst TB patients. Accredited ART sites increased from 48 in 2003 to 303 as of December 2007, providing ARVs to 121,218 (39% of people who need ARV's) of which 8.6% are children. PMTCT coverage stands at 29%.

Health system challenges: Capacity in planning, management and human resource development remains weak especially at the decentralized levels. Although modest increases in health sector allocations have been registered in the past, level of funding remains inadequate to deliver the minimum package of services. Alignment to sector priorities, efficiency in resource allocation and utilization, especially of donor funds need to be improved. Gaps in human resources for health, in numbers, skill mix and distributions continue to pose a challenge for effective service delivery. Monitoring and evaluation need to be strengthened especially collection of good quality data, analysis and use at all levels. Although improving health is a multisectoral effort, structures to foster coordination and collaboration with health related sectors remain inadequate.

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| Total population* | 28,247,000 |
| Average annual population growth | 3.4 |
| Population distribution% rural [†] | 78% |
| Population living below the poverty line** | 31% |
| GDP per capita** | US\$270 |
| Infant mortality rate per 1000 (2006) | 76 |
| Under five mortality rate per 1000 (2006) | 137 |
| Maternal mortality rate per 100000 (2006) | 435 |
| Stunting (2006) | 32 |
| % of population with access to safe water** | 87 (urban) 64 (rural) |
| Total expenditure on health as % of GDP | 7.6 |
| Government expenditure on health as a percentage of general government expenditure | 9.8 |
| % of population with access to improved sanitation** | 65 (urban) 56 (rural) |
| Net primary enrolment ratio (% of relevant age group)** | 84 (boys) 85 (girls) |
| Primary completion rate (% of boys and girls)** | 38 |
| Healthy life expectancy at birth m/f (years 2002) | 42/44 |

Sources:

*Uganda census; Uganda bureau of statistics 2007.

** Uganda national household survey; Uganda bureau of statistics 2005/06

*** Uganda demographic health survey; Uganda bureau of statistics 2006

**** WHO World Health Statistics 2004

***** Annual health sector performance report 2006/07; Ministry of health; Uganda.

***** <http://www.who.int/nha/en/>

| OPPORTUNITIES | CHALLENGES |
|---|--|
| <ul style="list-style-type: none"> National development plan framework The Health sector strategic plan which enhances alignment. | <ul style="list-style-type: none"> High population growth which erodes realized economic growth and increases demand for health services Weak health system hampering efforts to increase coverage of essential interventions Weak procurement and logistic systems affecting timely availability of key commodities. Addressing inequalities in service coverage. |

PARTNERS

The key agencies supporting health are the African Development Bank, Austrian Agency for International Development, Belgian Co-operation, DANIDA, DFID, the EU, FAO, French Cooperation, GTZ, Ireland Aid, Italian Cooperation, JICA, Netherlands Co-operation, NORAD, SIDA, UNDP, UNICEF, UNFPA, UNHCR, USAID, the World Bank and WHO. Other partners include the private not-for-profit sector organized under religious umbrella organization and are facility based, nongovernmental organizations which are non facility based and the private sector. In the financial year 2006/07 donor aid to the sector amounted to US\$313 millions and 41% of this was reflected in the Medium Term Expenditure Framework.

In addition to bilateral and multilateral development assistance, Uganda receives funds from Global Initiatives such as the GFATM and GAVI, funds for humanitarian assistance through the Consolidated Appeal Process and other mechanisms. Uganda signed up to the Rome and Paris Declarations to improve the effectiveness of development assistance and has provided baseline indicators to enable monitoring of progress. Several Development Partners (DP) have committed to a joint assistance strategy, the Uganda Joint Assistance Strategy, which commits to aligning support to the NDP, use of government systems and processes. At the sector level, the Sector Wide Approach in place for the last 7 years has greatly improved harmonization and alignment to sector priorities. Within the international humanitarian community, the Inter Agency Standing Committee is the primary mechanism for inter-agency coordination, policy development and decision making on humanitarian assistance. The United Nations, the Common Country Assessment and the UNDAF present a concerted effort to harmonize the UN's programme of work and align to national programmes.

| OPPORTUNITIES | CHALLENGES |
|--|---|
| <ul style="list-style-type: none"> • Availability of funding opportunities for health at the global level: The Global Alliance for Vaccine Initiative (GAVI); The Global Fund to Fight AIDS, TB and malaria (GFATM), Stop TB, PMI, PEPFAR • Development partners' commitment to making aid more effective as stipulated in the Paris declaration • Availability of coordination structures at the macro and sectoral level. | <ul style="list-style-type: none"> • The absorption capacity remains low due to system wide weaknesses • Lack of local markets to supply prequalified health commodities and medical equipment • Inadequate mechanisms of ensuring sustainability of development partner funded projects. • DP conditionalities, earmarking, inadequate coordination of development assistance inflows and weak stewardship by the MoH. • Inadequate prioritization in the sector results in under funding of critical aspects of the health sector programme. |

WHO STRATEGIC AGENDA (2009-2014)

1. **Health Security:**
 - 1.1 **Promote health and prevent disease**
 - Promote health and prevent disease
 - Tackling social determinants of health
 - 1.2 **Focus on programmes of national interest**
 - Scaling up priority programmes for improved health outcomes
 - Enhance capacity for the prevention and control of major communicable and noncommunicable diseases
 - Strengthen reproductive health and child survival
2. **Health System Capacities and Performance**
 - 2.1 **Strengthen health systems**
 - Health system strengthening including management of medicines and health technologies
 - Strengthening information for health planning and management
 - Emergency preparedness and response
3. **Partnerships, Gender and Equity**
 - 3.1 **Partnerships**
 - Partnerships for better coordination and synergy
 - Promote inter-sectoral collaboration

ADDITIONAL INFORMATION

WHO country site <http://www.who.int/countries/uga/en/>

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