FORUM

INSIDE HEALTH SYSTEMS

Delivering on the right to health starts with strong, resilient health systems. Aliyi Walimbwa is an expert in health systems strategies and policies from the Uganda Ministry of Health. In this interview, he shares insights into the strategies being pursued to improve healthcare access, reduce financial burdens on families, and overcome systemic obstacles.

JESSICA MARZARO INTERVIEWS ALIYI WALIMBWA / EXPERT HEALTH PLANNER AND HEALTH ECONOMIST, HEALTHCARE SPECIALIST AT THE UGANDA MINISTRY OF HEALTH

Access to quality health services remains a critical challenge in many countries, especially where resources are limited and populations continue to grow. But how can innovative financing, system development, and national health initiatives shape the future of the health system?

In this interview, we speak with Aliyi Walimbwa, expert Health Planner and Health Economist and Healthcare specialist at the Uganda Ministry of Health.

What is the political commitment of the Ugandan government when it comes to health?

If you look at the official documents, the level of political commitment is described as "high". But it's fair to ask: how do we define that?

One way to measure it is by looking at the national budget allocation. In Uganda, the health sector is ranked among the top five priorities. which signals that health is considered a priority. In times of emergency, such as during epidemics, the sector often receives supplementary funding, which further reflects the government's responsiveness to health needs.

Beyond budget figures, Ugandan political commitment for health as national priority is also evident in public pronouncements made by the President, the Minister of Health, Cabinet members, and members of Parliament. So, in Uganda, the commitment is strong. Whether these translate into action, that's another issue.

Since you raised the issue, is this commitment truly being translated into action?

That's the key point: we need to move from commitment to action. Take financial access. Uganda still has one of the highest levels of out-of-pocket expenditure in the region. In the past five years, about 30% of total health spending has come directly from people's pockets – well above the WHO and World Bank recommendation of 15-20%. And this happens despite a policy framework that officially offers free services.

To address this, we point to international benchmarks. The Abuja Declaration commits governments to allocate at least 15% of their national budget to health. Uganda has consistently stayed between 7% and 8% over the last decade. WHO also recommends that governments in sub-Saharan Africa spend at least $86 per person annually to ensure essential health services. Uganda currently spends around $11 per capita. As a share of GDP, health spending remains below 2%, far from the suggested 5%.

Even where reforms exist, like increasing staffing norms at health facilities, the action often stalls due to budget limitations: staffing norms tripled, but with no matching budget, coverage fell from 60% to 22%.

You raised two fundamental indicators: health public expanditure and health costs for families. Can we develop them more? For example, Uganda's GDP is growing, but is the government's public health expenditure keeping pace?

Currently, Uganda allocates about 1.7% of its GDP to public health spending, which is significantly below the national target of 5%. This gap highlights a major challenge: even as the economy grows, the proportion of the budget dedicated to health does not increase correspondingly.

In practical terms, this means that while the overall economic pie is expanding, the slice reserved for health often remains small or fluctuates. This underfunding limits the health sector's ability to improve services, increase staffing, or expand coverage.

Recognizing this, Uganda has held National Financing Dialogues to set clear goals. One key commitment is to gradually increase public health spending to reach 5% of GDP by 2040. Achieving this target is considered essential for meeting the country's universal health coverage ambitions and ensuring sustainable financing of essential health services.

For example, in reducing out-of-pocket expenditure, which often becomes catastrophic expanditure for families. When people visit public health facilities and find that essential medicines are out of stock, diagnostics services are unavailable, or the wait times are long, they have to seek services elsewhere, often in the private sector where they must pay.

So, how can the health sytem work to reduce financial burden of health expenses on families?

To tackle this, increasing government funding to the health sector is fundamental. However, despite efforts to raise the health budget, the funding does not always increase proportionally to the growing needs of the population. Uganda faces rapid population growth, which means that even if the health budget grows nominally, it might not keep pace with per capita needs.

Recognizing this, the government has been exploring prepay-

ment and contributory schemes, such as the National Health Insurance Scheme, which aims to pool resources from all citizens according to their ability to pay, allowing access to healthcare based on need rather than immediate payment. Similar schemes are operational in neighboring countries like Kenya, Rwanda, Tanzania, and others, often under the umbrella of Universal Health Coverage strategies.

In addition to financing reforms, Uganda has innovated with resource-based financing models that reward health facilities based on performance indicators. For example, facilities receive quarterly funding partially linked to how well they perform on about a dozen indicators, many related to reproductive, maternal, neonatal, and child health (RMNCH), as well as non-communicable diseases and tuberculosis. This results in facilities being incentivized to actively seek and treat patients, improving access and service quality. Evidence shows that such results-based financing (RBF) has led to significant increases in access to targeted services.

Infrastructure expansion also plays a key role. New health centers and upgrading existing ones at the county and sub-county levels aim to reduce physical barriers like distance to care. Likewise, staffing has been increased, with plans to have medical officers available at more health centers to improve care quality and strengthen referral pathways.

Prevention is another critical focus. Uganda's national community health strategy promotes health education and disease prevention at the grassroots level, leveraging community health workers who provide timely treatment and health promotion in communities, reducing the need for costly hospital care. All these interventions work together to reduce out-of-pocket payments and catastrophic expenditure, yet challenges remain.

Which do you think are the main challenges to the achievement of all these goals and actions?

I believe one of the biggest obstacles we face is political influence. Often, politic prefer to invest in projects that yield immediate, visible results – like roads or buildings. Health investments, on the other hand, typically take years or decades, to show measurable improvements, such as reductions in maternal mortality or increases in life expectancy. This long-term horizon makes it harder to secure adequate and consistent funding for health, while demonstrating the value and return on investment of health spending is essential when competing against other sectors for limited resources.

Another significant challenge lies in inefficiency. Historically, the health system has focused heavily on treating illness rather than preventing it, which has led to wasted resources and missed opportunities. While there is growing awareness of the importance of prevention, shifting resources and mindsets towards this approach is not easy. Additionally, fundings are typically allocated based on fixed formulas rather than actual service delivery or patient volumes, which undermines incentives for improving efficiency and quality.

We also face a high dependence on donor funding, which can complicate planning and reduce national ownership. Donor priorities don't always align with our country's needs, and the absorption rate of externally funded projects is often low compared to locally sourced funds. This disparity creates uncertainty and limits our ability to execute long-term strategies effectively.

Domestic resource mobilization remains a challenge as well. Unlike some countries that have earmarked taxes for health, here these revenues go into the general treasury and are subject to competing demands like defense. As a result, the health sector receives minimal budget increases year after year, making it difficult to scale up services.

Finally, rapid population growth puts enormous pressure on our health system so that it becomes nearly impossible to meet increasing demand sustainably.

Despite these considerable challenges, I remain hopeful. There is clear political will and commitment to translate promises into action. The responsibility now lies with the health sector to be more innovative, to build strong advocacy, and to engage effectively with all stakeholders: government, parliament, donors, civil society, and the private sector. Only by working collaboratively and strategically can we turn these intentions into real progress and build a stronger health system for the future.