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The Essential Package of Health Services and Health Benefit Plans in Uganda



About the health benefit plan crosswalk analysis

An Essential Package of Health Services (EPHS) is a broad policy statement that identifies the services that a government has prioritized. The government seeks to ensure that these essential services reach the population equitably. A health benefit plan (HBP) specifies an explicit set of services and the cost-sharing requirements for beneficiaries to access those services.

In 2015, the USAID-funded Health Finance and Governance (HFG) project completed a landscape analysis of the EPHS in the 24 USAID priority countries for Ending Preventable Child and Maternal Deaths (EPCMD).¹ The analysis found that the government in most of the countries intends for the public and/or private not-for-profit facilities in the country to deliver the services in the EPHS. It also showed that several governments were implementing major HBPs (such as social health insurance schemes) as a primary strategy for moving toward universal health coverage. Yet it remained unclear how the EPHSs and HBPs are formulated, how they are modified, and the extent to which they overlap.

HFG conducted a second landscape analysis in 2016 to identify existing HBPs in the countries, and the services they cover. It then did a crosswalk analysis – a mapping of items on one list to equivalent items on another list – of the services specified in the country’s EPHS and those identified in an HBP. This companion analysis to the EPHS country snapshot documented the degree of alignment between the EPHS and HBP.

This brief presents HFG’s findings and observations for policymakers and program managers seeking to promote alignment of services in the EPHS with services covered in the HBP and move toward universal health coverage.

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¹ See HFG’s series of country snapshots on EPHS here:
<https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/>

Health benefit plans in Uganda

National Health Insurance Scheme

The Ministry of Health is preparing to launch a National Health Insurance scheme that will initially cover the formally employed. The scheme will require both the employee and employer to contribute 4 percent of the employee's salary. Members will not incur cost-sharing (a copayment, for example) at point of service. Currently, the ministry faces challenges to design such a scheme and to improve the quality of care in private and public facilities (East Africa Community 2014).

HFG did not identify a sufficiently detailed list of services covered by the NHI scheme in Uganda and therefore could not perform a corresponding crosswalk analysis.

Community-Based Health Insurance Schemes

In 2014, more than 30 community-based health insurance (CBHI) schemes were operating in Uganda. Twenty-five of them were coordinated by the umbrella NGO, Uganda Community-Based Health Financing Association (UCBHFA), and the Ministry of Health. There is no specific legislation guiding, or regulatory body managing, CBHI schemes. Some schemes are run by local

health providers, some are managed by communities that collect and pool resources to purchase services from selected providers (East Africa Community 2014).

The schemes target the rural poor who can afford the premium; those who cannot contribute are excluded. Members pay 20 percent of the amount payable to the provider when accessing inpatient and outpatient services. Services are available from the 25 UCBHFA contracted facilities, most of which are private not-for-profit providers. In 2014, the schemes had enrolled a total of 140,000 people (East Africa Community 2014).

The CBHI schemes in Uganda have been supported and promoted by the Uganda Catholic Medical Bureau and the Uganda Protestant Medical Bureau, faith-based health service provider networks. CBHI schemes generally lack adequate management capacity, financial resources, technical guidance, and information management (UCBHFA 2013).

Most CBHI schemes exclude chronic diseases and a few of them provide benefits subject to a maximum amount. One scheme excludes normal deliveries from the benefits but covers complicated deliveries (East Africa Community 2014).

HFG did not identify a detailed list of services covered by the CBHI schemes in Uganda and therefore could not perform a corresponding crosswalk analysis.

Sources

East Africa Community. 2014. *Situational Analysis and Feasibility Study of Options for Harmonization of Social Health Protection Systems Towards Universal Health Coverage in the East African Community Partner States*. Technical Report. Arusha: East African Community.

Uganda Community Based Health Financing Association (UCBHFA). 2013. *Strategic plan for Uganda Community Based Health Financing Association (UCBHFA) 2013/14–2017/18*.



About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a six-year (2012-2018), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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AID-OAA-A-12-00080

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June 2017

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Recommended Citation: Mathew, Jeena. June 2017. *The Essential Package of Health Services and Health Benefit Plans in Uganda*. Bethesda, MD: Health Finance and Governance project, Abt Associates Inc.