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**UGANDA VOUCHER
PLUS ACTIVITY**



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LIST OF ACRONYMS

CBHI	Community Based Health Insurance
CHAG	Christian Health Association of Ghana
CHF	Community Health Financing
ECSA-HC	East Central and Southern Africa Health Community
HC	Health Cooperative
IPD	In-patient Department
LDCHIS	Luwero District Community Health Insurance Scheme
MBUSO	Munno mu Bulwade Union of Schemes Organisation
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
NDP	National Development Plan
NGO	Non-Government Organization
NHIS	National Health Insurance Scheme
NPA	National Planning Authority
OPD	Out-patient Department
SACCOs	Savings and Credit Cooperative Societies
SHU	Save for Health Uganda
SPEED	Supporting Policy Engagement for Evidence-based Decisions
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UPMB	Uganda Protestant Medical Bureau
USAID	United States Agency for International Development
WHO	World Health Organization

ACKNOWLEDGEMENT

For the past four years, Save for Health Uganda (SHU) has hosted national community health financing conferences with a purpose to discuss how Community Health Financing / Insurance should play a role in Uganda's plans to achieve Universal Health Insurance and Universal Health Coverage. I am very glad that we have made great progress in this discussion. A lot of experiences and lessons from both local and international initiatives have been shared over the years. We have generated great interest in the subject of health insurance in Uganda and the public desire for more information and action is evident.

SHU has taken lead in this discussion but we probably could not do much without the support of different individuals and organizations. It is, therefore, a great pleasure for me to recognize the following institutions for their various contributions which made the 4th conference a great success:

- Bread for the World
- Ministry of Health
- Ministry of Gender, Labour and Social Development
- Luwero District Local Government
- Uganda Insurers Association
- HealthPartners Uganda
- Smart Applications International (Uganda) Limited
- Federation of Uganda Employers
- USAID/Uganda Voucher Plus Activity
- Uganda Protestant Medical Bureau
- St. Kizito Nattyoole HCIII, Luwero

In a special way, I sincerely appreciate the Speaker of Parliament, Hon. Rebecca Alitwala Kadaga, and the Minister of Gender, Labour and Social Development, Hon. Janat Mukwaya, and their representatives for accepting to preside over the official opening and closing of the conference respectively.

I would like to thank the team of resource persons who travelled from far and wide to share experiences with participants and contextualize the discussion within the academic and program discourse. The time they sacrificed to prepare presentations and talking points is invaluable!

I also recognize the sacrifice made by different organizations that sponsored participants to fully attend the conference. This contribution is so significant to the growth of community health insurance because it facilitates spreading messages shared at the conference to different corners of the country. In addition, I am grateful to all participants for sitting in and participating in all discussions during the three days of the conference.

Last but not least, I applaud members of the organizing committee for dedicating time and other resources to make the conference a great success.

Thank you all.



Makaire Fredrick

Executive Director

Save for Health Uganda and Conference Chair

EXECUTIVE SUMMARY

This is a report of the fourth National Community Health Financing (CHF) conference hosted by Save for Health Uganda (SHU) from 13th to 15th November, 2019 at Imperial Royale Hotel, Kampala with funding from Bread for the World and support from Ministry of Health, Ministry of Gender, Labour and Social Development, plus other partners.

The conference was held against a backdrop of high out of pocket expenditure in Uganda at 41% of total health care expenditure, way above the 15% recommended by World Health Organization (WHO), with only 1% of the population covered by health insurance. Community Health Insurance (CHI) exists in 32 districts in Uganda covering only 163,411 individuals. The government tabled the National Health Insurance Scheme (NHIS) Bill 2019 in Parliament for consultations and debate before it is enacted into law, amidst concerns of slow progress.

The conference whose theme was “Community Health Financing Initiatives: Moving towards Universal Health Coverage”, and aim was “to mobilise leaders and other actors to embrace and support CHF initiatives and the NHIS for universal health insurance coverage” attracted 225 delegates from within and outside Uganda.

Unlike the previous conferences, this started with a field trip to CHI groups and healthcare providers in Luwero, Nakaseke and Nakasongola districts on the first day. Emerging issues from the field visit were: the pooling of funds started at village level but now happens at a wider area spanning the three districts under a network called Munno Mu Bulwadde Union of Schemes Organisation (MBUSO) established in 2006. There are various players with separate roles in the formation, management and promotion of CHI schemes.

On the second and third days of the conference, participants convened at Imperial Royale Hotel, Kampala for presentations and discussions. Hon Sarah Opendi, Minister of State for Health (General Duties) officially opened the conference on behalf of the Speaker of Parliament the Rt. Hon Rebecca Alitwala Kadaga. The Minister highlighted the role CHI schemes will play in enrolling the informal sector into the proposed NHIS.

Mr. Makaire Fredrick, Executive Director, SHU, welcomed the delegates from 36 districts in Uganda who included members of parliament, officials from government ministries, agencies and departments, local government leaders, health care providers, civil society representatives, and academicians, among others. He acknowledged the support provided by organizations that contributed to the conference and sponsored participants to attend.

Presentations and discussions focused on the following topics:

- (1) Community health insurance in Uganda and its future role under the NHIS;
- (2) Integrating community health financing initiatives in other local and national systems and programs to increase uptake and coverage.

The keynote address was delivered by Prof. Freddie Ssengooba, Professor of Health policy and systems management, Makerere University School of Public Health and Director of 'Supporting Policy Engagement for Evidence-based Decisions' (SPEED) project for Universal Health Coverage. Key highlights of his presentation were:

- There is need for a multi-sectoral approach where sectors such as finance, gender, labour and social development, agriculture, and others, play their roles in enabling better health financing alternatives and planning for rapid population growth.
- There is need to focus on enhancing the quality of health services and developing resilient systems for programme sustainability.
- More effort is needed in community mobilization and sensitization to expand coverage of CHI schemes.

Prof. Yoswa Mbulalina Dambisya, the Director General of East Central and Southern Africa Health Community (ECSA-HC) discussed the keynote address and noted that CHI and NHIS, once implemented, are very important to communities because they take away the agony of looking for cash from communities and households at the time of seeking healthcare. He submitted that the passing of the NHIS law would not necessarily make CHI irrelevant because communities have the mind of pooling resources to help each other.

Under the topic of community health insurance in Uganda and its future role under the NHIS, two presentations were made alongside two parallel sessions. These focused on:

- (a) The landscape of CHI schemes in Uganda and their role in linking the informal sector to the proposed NHIS;
- (b) Community Health Insurance and Luwero District Local Health System;
- (c) How health cooperatives increase access to quality and affordable health care in Uganda.

The key issues from presentations and discussions on the topic were:

- There was general consensus on the need to continue to advocate for and strengthen interventions towards higher uptake of CHI in the country in terms of both number of districts and people covered. Efforts should target decision makers at Ministry of Health (MOH) and other stakeholders to play their respective roles.
- There is need for continued engagements with MOH and other stakeholders on the linkage between CHI and the NHIS.
- There is need for intense community sensitization and mobilization to facilitate a change of attitude towards CHI by the majority of Ugandans and advocate for CHI recognition (including in the NHIS law) for its regulation, promotion and support both politically and financially.
- It is important to adopt technology for easy programme penetration and monitoring.

- Plan against and address the possible emergence of fraud, which is one of the biggest challenges that can fail the NHIS.
- More work is needed to ensure better penetration of health cooperatives as a health care prepayment mechanism among communities.
- Uptake of CHI in Luwero district remains a best practice and many districts expressed a need to visit and learn how it has been achieved.
- Uganda can take lessons from Ghana which has seen the NHIS grow and improve based on the adaptation to emerging issues and challenges.

On the third day, presentations and discussions centred around the topic of integrating community health financing initiatives in other local and national systems and programs to increase uptake and coverage. There were two presentations, one keynote address and a panel discussion focusing on:

- (a) How CHI is integrated (planning and implementation) in Uganda's proposed National Health Insurance Scheme.
- (b) Ghana's experience with integrating CHF initiatives in local and national systems to increase uptake and coverage.
- (c) Role of leaders at various levels in promoting and supporting implementation of CHF initiatives and the upcoming NHIS for Uganda.

Emerging issues from the presentations and discussions were:

- The best way to ensure the NHIS takes off is to make the bold move and start in the face of many uncertainties and huge fears.
- Development partners can play an important role in supporting the NHIS to take off in the initial stages.
- There are some commonalities between the perceived potential role of CHI in the proposed NHIS by MOH and what was being proposed by CHI promoters, hence the need to continue advocacy engagements.
- In order to ensure maximum support from leaders, programs need to share information with the leaders as much as possible. This empowers the leaders to mobilize communities and also support resource mobilization and accountability.
- Leaders at all levels must have a clear purpose. They need to appreciate why they are in positions of authority and make good use of them for the benefit of the people. In this case, it is important for leaders to consider their contribution in regard to improving financial access to healthcare for the people.
- Leadership determines success or failure of a team/program; it is thus imperative that programs tap into the opportunity presented by leaders and use them to achieve success.

- Digitalization of processes was very important in Ghana to eliminate unnecessary overconsumption (moral hazard) and impersonation.

At the end of the conference, participants agreed upon five resolutions for action:

1. Conference participants and CHI promoters will continue to support the process of enacting the NHIS law by participating in debates and making proposals.
2. Continue to advocate for CHI schemes to play the role of linking the informal sector to the NHIS as:
 - a. Marketing distribution channels for the NHIS
 - b. Collection agents for the NHIS
3. Maintain existing CHI schemes/programs and expand beyond the 32 districts currently covered by:
 - a. Building resilient systems for sustainability e.g. adoption of technology
 - b. Linking CHI to livelihood/ economic programs
4. Advocate for implementation of a multi-sectoral approach with all relevant sectors (finance, gender, labour and social development, etc.) playing their respective roles to ensure a healthy population.
5. Mobilize leaders and advocate/demand for their involvement in promoting CHI and supporting the implementation of NHIS.

The conference was closed by Mr. Stephen Kasaija, the Head of Program Management Unit, Expanding Social Protection Program who represented the Minister for Gender, Labour and Social Development, Hon. Janat Mukwaya. He decried the adverse consequences of ill health on the quality of life and livelihoods of the population of Uganda which render people redundant because they cannot work when they are sick or taking care of a sick family member. He noted that the ministry recognized health insurance as a social protection intervention designed to address the risk of ill-health, and pointed out that the National Social Protection Policy, which was approved by Cabinet in 2015, identifies affordable health insurance as a one of the priority areas of focus. He implored participants to continue with the serious work around CHF and the proposed NHIS so that every Ugandan can have access to health insurance services irrespective of economic or employment status.

1. INTRODUCTION

1.1 Background

Uganda's National Health Accounts, 2017, indicated that out of pocket expenditure stands at 41% of total health care expenditure way above the 15% recommended by World Health Organization (WHO). This means that a significant proportion of Ugandans remain adversely affected by ill-health. Households often resort to distress sale of productive assets to pay for health services, driving the members deeper into poverty.

Community Health Insurance (CHI) is one of the community health financing (CHF) instruments that protect families from impoverishing out-of pocket healthcare expenditures, which is a key component of universal health coverage (UHC). By 2019, CHI schemes existed in 32 districts in Uganda covering 163,411 individuals, despite absence of a legal framework to guide their operations. In August 2019, the Uganda government tabled the National Health Insurance Scheme (NHIS) Bill 2019 in Parliament for consultations and debate before it is enacted into law. The NHIS is anticipated to reduce high out-of-pocket expenditure on healthcare in Uganda.

1.2 About Save for Health Uganda

Save for Health Uganda (SHU) is a national non-governmental organization (NGO) with a mission to improve the quality of health of Ugandans through community health financing (CHF) approaches. SHU was formed in 2002 to: improve people's financial access to quality and affordable healthcare services; and rationalize healthcare seeking behaviours. SHU currently works in 10 districts where over 35,000 individuals are enrolled in community health insurance (CHI) schemes. SHU advocates for a universal national insurance law for Uganda.

1.3 The Fourth National Community Health Financing Conference

With funding from Bread for the World and in collaboration with the Ministry of Health, Ministry of Gender, Labour and Social Development, and other partners, SHU hosted the 4th National CHF conference from 13th to 15th November, 2019. Unlike the previous three conferences, this year's event started with a field trip by participants to community health insurance (CHI) schemes and their contracted healthcare providers in Luwero, Nakaseke and Nakasongola districts. This report highlights key activities during the field trip held on 13th November and proceedings at the conference at Imperial Royale Hotel, Kampala from 14th to 15th November, 2019.

1.3.1 Conference theme, aim and objective

Theme: Community Health Financing Initiatives: Moving towards Universal Health Coverage

Aim: To mobilise leaders and other actors to embrace and support CHF initiatives and the NHIS for universal health insurance coverage.

Objective: To showcase the impact of community health financing initiatives on families and healthcare providers, their role in the implementation of the National Health Insurance Scheme, and advocate for Universal Health Coverage.

2. FIELD TRIP TO CHI SCHEMES

DAY ONE:

The Fourth National CHF conference started with a field trip to Luwero district, the home of Munno Mu Bulwadde Union of Schemes Organisation (MBUSO). MBUSO was established in 2006 as an umbrella community health insurance (CHI) scheme for all CHI (locally as *Munno mu Bulwadde*) groups in the three districts of Luwero, Nakaseke and Nakasongola. MBUSO's roles in the management of CHI groups involve issuing insurance cards to enrolled families, contracting healthcare providers and paying medical bills. At the time of the visit, MBUSO was managing one pool of healthcare funds for 76 CHI groups with 26,087 individual members. It had contracts with 12 facilities where members of the scheme were accessing healthcare services.

SHU supports MBUSO by sensitizing community members about CHI and forming CHI groups at parish level, giving technical support to groups, accrediting healthcare providers and advocacy. On the other hand, members of the CHI groups are responsible for mobilizing community members to enroll in CHI groups and collecting premiums. Each scheme has a leadership structure comprising a chairperson, secretary, treasurer, manager/ agent, and village coordinators.

Conference participants visited the CHI groups to get first-hand information about the structure, operations and benefits as well as engagement and payment mechanisms for the healthcare service providers. Participants formed three groups with each group visiting a CHI group and a healthcare provider serving it as below:

Group 1: Kakabala formed in 2001 with 1,236 members and St Mary's Kasaala HC III in Luwero

Group 2: Kapeke formed in 2010 with 443 members and Kiwoko Hospital in Nakaseke

Group 3: Kyeyindula formed in 2002 with 480 members and Franciscan HCIV in Nakasongola

Key information from the field visit

- CHI groups have modified their operations basing on lessons learnt over the years: they started as credit schemes, changed to mixed credit and insurance, before transforming into pure insurance schemes.
- Pooling funds started at village level until MBUSO was established in 2006.
- Each member pays a premium once a year during the payment period, which is about three months before the launch of each scheme year.
- There are four products / healthcare packages members select from basing on their needs, preferences and affordability. There is a different healthcare access card for each product.
- There are two modes of payment bills for medical bills: invoice based on services consumed or capitation based on agreed upon service rates.
- Dropout rates remain a challenge given that most households depend on agriculture which is affected by adverse weather conditions and price fluctuations of crop produce.
- The poor who cannot afford the premium are left out

PICTORIAL: FIELD VISIT TO LUWERO, NAKASEKE AND NAKASONGOLA DISTRICTS



Participants on a guided tour of Kiwoko Hospital



Participants at Franciscan HCIII, Kakooge



Participants with members of Kyeyindula CHI group



Participants with members of Kakabala CHI group



Participants with Luwero District leaders at the district headquarters



Participants with members of Kapeke CHI group

3.CONFERENCE PROCEEDINGS

DAY TWO:

3.1 Welcome Ceremony

On the second and third days of the conference, participants converged at Imperial Royale Hotel in Kampala for presentations and discussions. The welcome ceremony was preceded by an opening prayer and a recap of the field visit findings.



Mr. Makaire Fredrick

The Executive Director of SHU, Mr. Makaire Fredrick, welcomed the 225 participants from within and outside Uganda. There were delegates from 36 districts of Uganda including: Kampala, Wakiso, Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Mubende, Masaka, Bushenyi, Sheema, Mitooma, Kanungu, Rukungiri, Kisoro, Rukiga, Kabale, Kasese, Kabarole, Mbarara, Ibanda, Isingiro, Oyam, Kole, Lira, Alebtong, Soroti, Sironko, Bukedea, Namisindwa, Tororo, Mbale, Bududa, Gulu, Arua, and Nebbi. In a special way, he recognized the keynote speaker, Prof. Freddie Ssengooba; the keynote discussant, Prof. Yoswa Dambisya Mbulalina from Tanzania; Mr. Alex Ofori Mensah from Christian Health Association of Ghana (CHAG); Prof. John Mugisha, the Vice Chancellor of Cavendish University; Dr. Andrew Ssemwanga,

the Vice Chancellor, St. Lawrence University, who chaired the opening session; and Dr Ronald Kasyaba, the Deputy Executive Secretary of Uganda Catholic Medical Bureau who was the Master of Ceremonies.

Mr. Makaire noted a rich mix of participants including members of parliament, officials from government ministries, agencies and departments, district leaders, healthcare service providers, civil society representatives, and academicians, among others. He acknowledged the support provided by organizations including Enabel, USAID/Uganda Voucher Plus Activity, and others that sponsored participants to attend the conference.

He introduced the theme and objective of the conference (*see page 1*) and challenged participants to use the conference as an opportunity to share experiences and generate proposals that can expand efforts towards achieving universal health coverage (UHC) and contribute to improving the current health financing situation. He went ahead to share the progress registered on the five resolutions made by participants at the 2018 conference.

1. Luwero district revised its CHI ordinance on recommendations of the Office of the Attorney General and was still following up for approval; public meetings were held in the district to prepare residents for implementation of the ordinance once it is approved.
2. Sharing Luwero district CHI ordinance with other districts was awaiting approval by the Attorney General.

3. Coverage of CHI expanded from 21 to 32 districts including regions such as northern Uganda and West Nile where CHI did not previously exist.
4. SHU supported the process of introducing the NHIS Bill in Parliament by hosting members of the Parliamentary Committee on Health led by the chairperson, Hon. Dr. Michael Bukonya, in Luwero on 7th July, 2019 to learn about how CHI schemes operate. Later on 5th November, 2019 CHI promoters presented their position paper on the Bill before the health committee of Parliament.
5. Different CHI schemes and promoters were making efforts to improve the technology used in managing the schemes in order to operate more efficiently.

3.2 Keynote Address: Community Health Financing Initiatives: Moving towards Universal Health Coverage:

The keynote address was delivered by Prof. Freddie Ssengooba, Professor of Health policy and systems management at Makerere University School of Public Health, and Director of Supporting Policy Engagement for Evidence-based Decisions (SPEED) project for Universal Health Coverage.

He made a number of key points including;

- The need for a multi-sectoral approach where sectors such as finance, gender, labour and social development, agriculture, and others, play their roles in enabling better health financing alternatives while mitigating and planning for rapid population growth.
- The need to focus on enhancing the quality of health services and developing resilient systems for programme sustainability.
- National health insurance mostly grows from well established community based health insurance (CBHI) and the experience they bring through solidarity at community level.
- More effort is needed in community mobilization and sensitization to expand coverage of CHI schemes. The majority of the schemes in sub-Saharan Africa have a membership of between 100 and 500 people; only two schemes ever had a size of more than 100,000 members.
- He highlighted the need for Ugandan communities to pool resources together just like they do for other programmes in order to scale up community health insurance. The pooled resources will enable communities to subsidize each other whereby those working subsidize the non-working; the rich subsidize the poor; and the younger subsidize the old.
- Healthcare service providers must demonstrate a high degree of trust, transparency and accountability and deploy the core principles of efficient money management.
- He emphasized the principle of leaving no one behind noting that many well-intentioned programs often times get hijacked and end up improving the lives of those that are already well off at the expense of the intended target beneficiaries - usually the



Prof. Freddie Ssengooba

marginalized. This was illustrated in the picture which demonstrates the principle of equity.

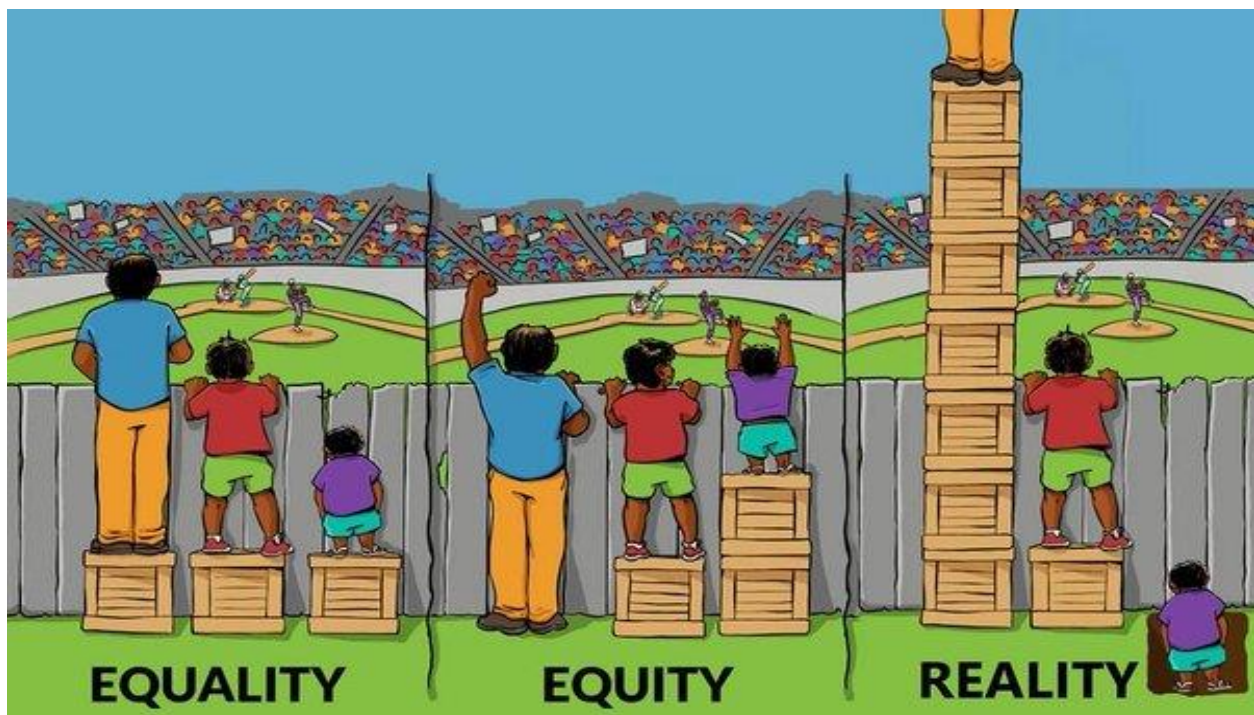


Figure 1: Equity calls for allocation of resources and benefits according to needs.

3.3 Keynote Discussion

Prof. Yoswa Mbulalina Dambisya, Director General of East Central and Southern Africa Health Community (ECSA-HC), discussed the keynote address. He noted that CHI and NHIS, once implemented, are very important to communities because they take away the agony of looking for cash from communities and households at the time of seeking healthcare. He submitted that passing the NHIS would not necessarily make CHI irrelevant because communities have the mind of pooling resources to help each other. Using the illustration of burials in Uganda, he observed that for its level of development, Uganda had very few funeral service providers. This is because communities help each other around such events, they own the process and undertake the burial highlighting a strong sense of solidarity and implying that informal community initiatives around issues like burial still exist and are important.



Prof. Yoswa Dambisya

He made a case that Universal Primary Education (UPE) led to the unintended consequence of mushrooming of private schools and consequently, the shift in performance among schools with the very expensive private schools doing much better than the heavily subsidized public schools. This led to a complete change in the education sector where most public schools no longer compete favorably in passing out the best candidates which was not the case before UPE was introduced. He thus challenged stakeholders to ensure that the country picks lessons from

this and takes necessary precautions so that the NHIS doesn't propel the growth of private providers which doesn't necessarily translate into UHC.

Prof. Dambisya differed with the keynote speaker on the source of funding for healthcare, arguing that tax-based financing was possible in Uganda if the government prioritized health and rationalized budgeting for the difference sectors. He decried the practice of privileged government officials seeking care abroad which created a different class of citizens.

Comments raised by participants on the keynote address

There were a number of issues and concerns raised by participants and these included:

- The will by government to implement the NHIS given that the AIDS Trust Fund remained unimplemented after being approved by parliament.
- Wasteful expenditure by government such as inflation of prices of some drugs and infrastructure construction compared to prices in neighbouring countries.
- Frequent cases of drug expiry in government stores which leads to incurring costs of destroying them, hence highlighting a possible gap in management of the supply chain which could also befall the NHIS fund.
- A need to empower communities and address leakages in the government systems
- Concerns about the quality of leaders at local levels who are unable to read and understand English and yet have to approve technical reports e.g. at sub county level.



A participant contributes to the discussion at the conference

3.4 Opening ceremony

The opening ceremony was graced by Hon. Sarah Opendi, State Minister for Health (General Duties) who represented the Speaker of Parliament, Rt. Hon. Rebecca Alitwala Kadaga. She was joined by the SHU Board Chairperson, Mrs. Leticia Nakimuli Iumba, and Prof. Obwoya Kinyera, Deputy Chairperson, National Planning Authority (NPA) who represented the Chairperson Prof. Pamela Mbabazi.

3.4.1 Remarks by SHU Board Chairperson, Mrs. Leticia Nakimuli Iumba

She welcomed participants and expressed pride in the growth in the number and diversity of participants in the annual CHF conferences over the years. She noted that CHI promoters had proved their worth through the conferences because of the rich experiences and opportunities shared. She recognized the generous technical support by SHU to institutions that needed help to introduce CHI in their areas of operation as well as the efforts by other CHI promoters including medical bureaus, HealthPartners Uganda and donor agencies to expand CHI across the country. She appreciated the Ministry of Health for tabling the NHIS Bill in Parliament and reported that SHU together with other CHI promoters had presented a position paper on the bill before the Health Committee of Parliament. She appealed to the Members of Parliament to make the NHIS law in the best interest of every citizen particularly the informal sector and low-income families who comprise more than 80% of the country's population (Uganda Poverty Assessment Report, 2016), so as to achieve equitable access to healthcare. She also recognized Hon. Dr. Michael Bukenya, the Chairperson of the Health Committee of Parliament, who had promised to introduce a private member's bill on the NHIS and went ahead to start the process.

3.4.2 Remarks by the Chairperson of National Planning Authority

Prof. Obwoya Kinyera Sam read the chairperson's speech in which she noted that the goal of achieving UHC was at the centre of every discussion around healthcare world over. She quoted some statistics from the Uganda Population Health Survey 2016/17 that painted a grim picture of the health financing landscaped in Uganda; poverty levels stood at 21% and up to 38% of Uganda's population suffered high medical expenses and 13.8% of households experienced catastrophic health expenditure; 11% were not able to obtain treatment due to financial barriers and 3% were driven into poverty by out-of-pocket payments for healthcare.

Prof. Pamela advised on the need for a well thought out plan tailored to the country's context in view of the absence of a magic bullet for UHC, and pledged NPA support to work on this process. She acknowledged that according to Uganda's Vision 2040, the country's healthcare system is expensive, inefficient and not sufficiently responsive to the different population needs. She also recognized CHI initiatives as one of the means to achieving UHC and commended individuals and organisations including SHU for promoting CHF in Uganda. She challenged participants to think about how the different communities they belong to could access the national health insurance scheme to achieve universal health coverage. She concluded by urging leaders at all levels to make the right policies, plans and efforts as well as mobilize communities and resources to implement them.



L-R: Prof Obwoya Kinyera, Mr. Makaire Fredrick and Mrs. Leticia Nakimuli Irumba

3.4.3 Opening remarks by the Chief Guest

The Chief Guest, Rt. Hon. Rebecca Alitwala Kadaga, the Speaker of Parliament, was represented by Hon. Sarah Opendi, State Minister for Health in charge of General Duties and Woman Member of Parliament for Tororo district. The Minister, in her capacity, noted that she had on several occasions heard about the CHF conferences organized by SHU but had failed to attend; she was thus happy to have been delegated by the Speaker to open the conference.

The Minister expressed dissatisfaction with the growth of CHI calling it a snail pace; she challenged SHU and other stakeholders including her ministry to take up the initiative within their respective constituencies. She asked the CHI promoters to ensure political leaders were well oriented and brought on board to expand the CHI programme.

She, nonetheless, congratulated CHI promoters for the work done over the years and appreciated them for moving ahead of govt. She was concerned that health insurance was covering only 1% of the population leaving 99% to suffer direct payments or seek free health services at public facilities but acknowledged that there were cases of payments even at public facilities. She acknowledged the need for government to push for more progress towards UHC including a need to program health as a multi-sectoral issue and that NHIS would be one important mechanism for addressing corruption in the health sector.

The Minister said CHI schemes will provide an avenue for enrolling people in the informal sector into the NHIS. She appealed to stakeholders to focus on the scheme and ensure that it is approved by Parliament before the year 2021. She added that the NHIS will help to eliminate

illegal payments by patients at health facilities and guarantee good quality of services because both private and public facilities will compete for the same clients.

She reechoed government efforts to improve health services through addressing issues of governance, financing and infrastructure to ensure that 93% of citizens can access a health facility within 5km radius by the end of 2020, up from the current 86%. She reported that government had given regional referral hospitals additional equipment and attracted more doctors through improved pay. She acknowledged that more efforts were still needed towards disease prevention, mitigation and control, health education and promotion, and palliative care, among others.



Hon. Sarah Opendi (right) shakes hands with Prof. Obwoya Kinyera. Centre is Hon. Robinah Sekitooleko, Woman Member of Parliament for Kyotera district.

4. THEMATIC PRESENTATIONS AND DISCUSSIONS

TOPIC I: Community health insurance in Uganda and its future role under the NHIS

4.1 Landscape of CHI schemes in Uganda and their role in linking the informal sector to the proposed NHIS

This was a presentation by Mr. Makaire Fredrick, the Executive Director of SHU, while the session was chaired by Dr. Elizabeth Ekirapa-Kiracho, a senior lecturer at Makerere University School of Public Health. The presentation was aimed at achieving the following objectives:

1. To report on the latest activities and current state of CHI Schemes in Uganda.
2. To share the CHI fraternity's position on the role of CHI Schemes in linking the informal sector to the proposed NHIS.

Mr. Makaire provided some basic definitions of concepts in CHI and described the types of CHI schemes as illustrated below:

Community Health Insurance (CHI) → Meaning

Community: Individuals who share common characteristics

(geographical, occupational, ethnical, religious, gender...) (scheme organized by and or for...)

Health Insurance

It is a system that pays the costs of health care for those who are enrolled to improve access to health care because it avoids direct payment of fees by patients and spreads the financial risk among all the insured.

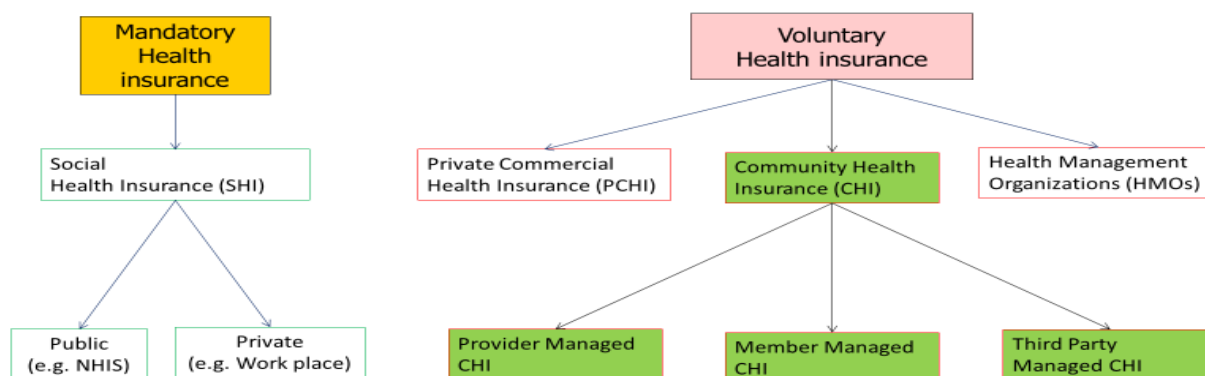
Voluntary Health Insurance (VHI)

It is taken up at the discretion of individuals or employers on behalf of individuals.

Mandatory Health Insurance (MHI)

Enrollment is required for all members of a population. It is established by law.

Community Health Insurance (CHI) Schemes → Types



Save for Health Uganda (SHU); Oct 2019

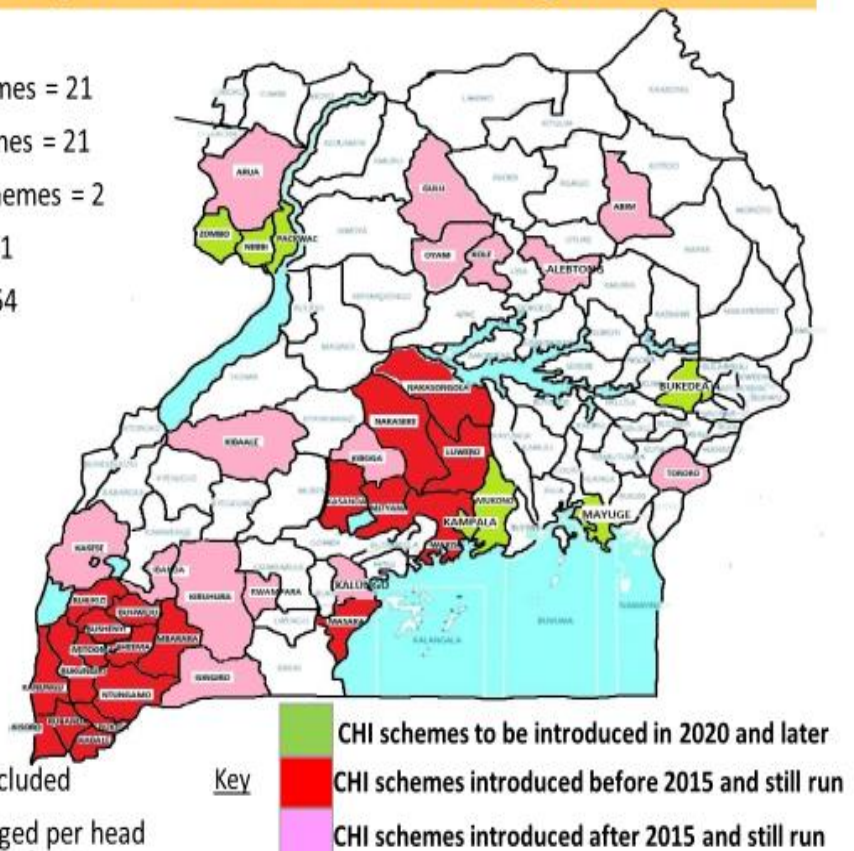
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Mr. Makaire gave updates on the geographical coverage of CHI schemes in Uganda, their types and levels of healthcare providers involved.

Snapshot of Community Health Insurance in Uganda, 2019

Other facts

1. Number of Member Managed Schemes = 21
2. Number of Provider Managed Schemes = 21
3. Number of Third Party Managed Schemes = 2
4. Number of people covered = 163,411
5. Number of Health care providers = 64
 - ❖ Government hospitals = 2
 - ❖ PNFP hospitals = 13
 - ❖ PFP hospitals = 1
 - ❖ PNFP HC IVs = 4
 - ❖ PNFP HC IIIs = 43
 - ❖ PFP HC IIIs = 4
 - ❖ PNFP HC IIs = 11
 - ❖ PFP Clinics = 2
6. The poor (with no premiums) are excluded
7. Same amount of premiums are charged per head



He made a case for two potential roles of CHI schemes in the NHIS:

1. As marketing distribution Channels for the NHIS, which entails getting a product or service from the producer to the customer in which case CHI schemes would be responsible for:
 - a. Conducting health insurance education in their areas of responsibility,
 - b. Marketing the NHIS,
 - c. Collecting and providing feedback to members and the NHIS
2. As collection agents, in which case CHI schemes will be responsible for:
 - a. Sensitizing people about the various products and packages of benefits
 - b. Mobilizing families to pay premiums
 - c. Collecting premiums and remitting to the NHIS

In both of these roles, the CHI schemes would be acting as commission agents and would thus have to be paid for the work done.

4.1.1 Summary of issues from the discussion session

- It came out that up to 40-50 % of Uganda's Gross Domestic Product (GDP) is contributed by informal sector. However, this segment of the population does not adequately access the social benefits from it. In addition, this segment of the population is perceived not to be easy to deal with, not registered and difficult to track, don't pay tax, etc. There is need to learn from CHI how it can be engaged.
- It was noted that CHI was operating alongside the policy of free health services at public facilities. This has implications on communities' perceptions especially considering that people expect free healthcare but are faced with unofficial payments at health facilities.
- There were concerns regarding leaving out those unable to pay both the premiums as well as the copayments and how they could be helped under the NHIS.
- There was faster growth in geographical coverage of CHI since 2015; it would be good to document what the promoters did differently that led to this level of progress.
- Many communities still find a problem when they make payments of premiums and other people other than themselves benefit and this affects uptake of CHI in some districts hence calling for a need for communication and interventions that address this mindset.
- There is a need for community mobilization for people to get accurate information and join CHI. Initial stages of this may require financial support to subsidize mobilization and other administrative costs so as not to lead to escalation of premiums.
- There is need for a lot of advocacy around making NHIS universal, addressing the issue of dropouts and ensuring that cost cutting is emphasized when NHIS is operational.

Session outcomes

- There was general consensus on the need to continue to advocate for and strengthen interventions towards higher uptake of CHI in the country in terms of both number of districts and people covered. Efforts should target decision makers at MOH and other stakeholders to play their roles in this regard.
- There is need for continued engagements with MOH and other stakeholders on the linkage between CHI and the NHIS.

4.3 Parallel session I: CHI schemes in Uganda and their role in linking the informal sector to the proposed National Health Insurance Scheme

This session entailed a panel discussion with the following panelists: Prof Robert Basaza, Senior Physician from St Augustine University; Mr. Alex Ofori Mensah, Director for financial resource mobilization and health technology, Christian Health Association of Ghana; Mr. Walimbwa Aliyi, NHIS Focal Person, MOH, and Mrs. Judy Mugoya, Country Manager, Smart Applications International (Uganda) Limited.



L-R: Mr. Alex Ofori Mensah, Mrs. Judy Mugoya, Mr. Badru Bengo, Prof. Robert Basaza and Mr. Walimbwa Aliyi

The moderator, Mr Bengo Badru, Life and pensions Manager, Uganda Insurers' Association, set the stage with a thought-provoking discourse touching on some of the critical concerns. He argued that the information technology (IT) platform could help health insurance schemes to play a role by providing technology through digitizing the records, the enrolment process and that the country could build on it. He challenged decision makers to re-think the events of the health insurance schemes which demonstrate what works and what does not work. He noted that government should not rush, but rather empower the existing schemes and build on them. He cited the MOH which taps into the private sector for information on the market and penetration which helps to know the impact of different initiatives on the community. He pointed out a need for capacity building through training key stakeholders including medical personnel.

4.3.1 Submissions by panelists

a) Mr. Walimbwa Aliyi

- Health insurance is being looked at as one way to improve quality of healthcare, access and affordability.
- CHI has been adopted by other countries and, therefore, new innovative mechanisms could be adopted in Uganda in order to achieve UHC.
- Community health insurance promotes solidarity whereby the rich subsidize the poor, the healthy subsidize the sick and the young subsidize the old.

b) Ms. Judy Mugoya

- There is need to digitalize information management by adopting electronic systems for clients' information management and eliminate most of the paper work. This makes retrieval of information easier.
- Technology plays a big role in enhancing penetration of CHI/NHIS including tailoring premiums to specific population groups.
- Technology makes programs easy to implement and monitor.
- There is need to link the NHIS to the District Health Information System (DHIS II).

c) Mr. Alex OFORI Mensah

- In Ghana, the campaign for NHIS started in 2001, the law was passed in 2003 followed by implementation in 2004 and benefits in 2005. During the initial stages of the NHIS, majority of those enrolled were from the exempted categories which posed a threat for the sustainability of the NHIS. It thus became necessary to mobilise those who could afford the premium to enrol at the same time.
- There was a lot of multi-sectoral involvement and innovative ways of encouraging uptake of NHIS including vigorous mass media campaigns especially through FM radios.
- It is important to push for the establishment of the NHIS because governments tend to take-up what is already in existence.
- Grow and expand CHI with a good track record so that it can transform into a national health insurance scheme.

d) Prof. Robert Basaza

- There is need for the country to adequately invest in CHF so that it takes root.
- There is need for capacity building for the different actors to be able to play their roles and encourage as many stakeholders as possible to get on board.
- It may help to conduct a political economy analysis to understand why NHIS has failed to start in spite of all the efforts made and time spent in preparing for it.

Key issues from the discussion

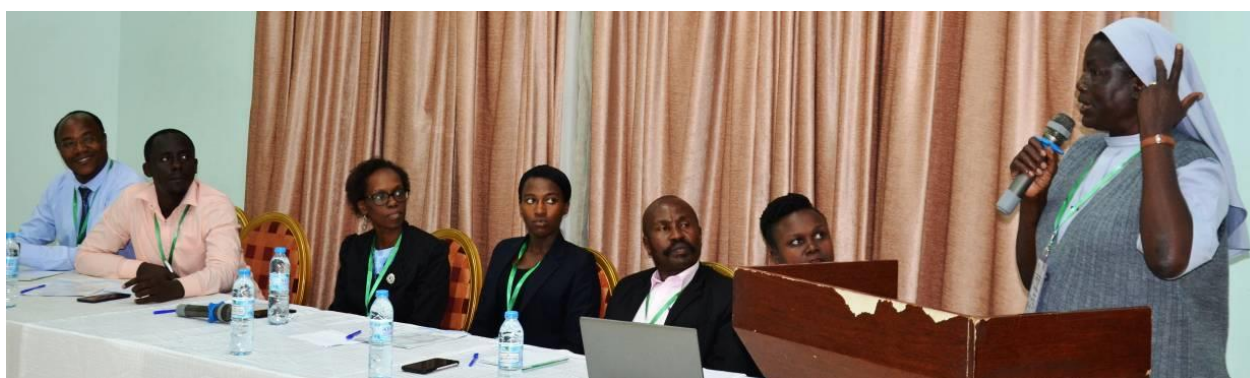
- Uganda lags behind in the region in health insurance coverage. It is thus imperative for the country to take firm steps to implement NHIS and CHI.
- It is important to ensure health service providers are brought on board, and also encourage more cooperative societies to take up CHI.
- There is need to adopt technology for easy programme penetration and monitoring.
- There is need for intense community sensitization and mobilization to facilitate a change of attitude towards CHI by majority of Ugandans and advocate for CHI recognition (including in the NHIS law) for its regulation, promotion and support both politically and financially.
- There is need to mobilize more promoters to start CHI schemes in all parts of the country.
- It is important to plan against and address the possible emergence of fraud, which is one of the biggest challenges that can fail the NHIS.

4.4 Parallel session II: How health cooperatives increase access to quality and affordable health care in Uganda

This session was moderated by Ms Grace Kiwanuka Ssali, Executive Director, Uganda Healthcare Federation and the presenters were Sr. Cecilia Atayo, Administrator, Comboni Hospital; Mr. Johnson Andinda, Technical Advisor, Provider Relations HealthPartners Uganda; Mr. Ezekiel Kakiiza Ibanda, In- Charge Ibanda Mission Hospital; Ms Beatrice Kyomugisha, Girl Centre Coordinator, Kyabirukwa Girls Centre; and Mr. Simon Mugisha, Cooperative Coordinator Uganda Health Cooperative.

The session focused on four areas:

- The Cooperative Health Insurance Model: a solution for reaching the informal sector with health care;
- Improving health provider performance and cost recovery through Cooperative Health insurance;
- Cooperative Girls Centres: a health Coop solution to empowering Girls to change their lives and communities; and
- Health cooperative governance and leadership; key achievements and lessons.



L-R: Mr. Johnson Andinda, Mr. Ezekiel Kakiza Ibanda, Ms. Grace Kiwanuka Ssali, Ms. Beatrice Kyomugisha, Mr. Simon Mugisha, Ms. Pamela Tumwesigye and Sr. Cecilia Atayo.

Ms. Pamela Tumwesigye, the Cooperative Officer at Ministry of Trade, Industry and Cooperatives gave the opening remarks. She said health cooperatives are recognized by government and play a key role in social and economic development. She added that government espouses the philosophy that a healthy community is a wealthy community. Government's role in cooperatives is to register, monitor and supervise them, among others. She shared the status of cooperatives registered in Uganda by type totalling to 20,128 in various sectors including agriculture, business, real estates and others.

Mr. Johnson Andinda made a presentation on how HealthPartners Uganda supported developing a health cooperative insurance model as a solution for reaching the informal sector with quality health care. So far, six out of the nine health cooperatives registered in Uganda were supported by HealthPartners Uganda. Health cooperatives are locally owned and managed as a response to high out-of-pocket costs which were leading to patient debt, low provider cost recovery, and poor health outcomes. The role of HealthPartners in this process of forming health cooperatives was:

- Training of trainers in health cooperative administration, board governance, finance and accounting, data collection and analysis; and
- Building networks within cooperatives, healthcare providers, Board of directors, government officials and local businesses.

Mr. Andinda said health cooperatives operate as health insurance schemes for members that come together and form a cooperative for the purpose of supporting each other around economic activities. The benefits of the health cooperatives accrue to both the healthcare providers and members and are similar to those of CHI. However, in this case, HealthPartners does not subsidize the costs of running the schemes and the arrangement is between the cooperatives and the providers without a third-party manager.

Coverage of health cooperatives supported by health HealthPartners Uganda

- ▶ **46,000 members**
- ▶ **31 providers offering coop care**
- ▶ **6 Health coops + 6 pre-coops**
- ▶ **2017 Provider Surplus: 372,880,000 UGX**
- ▶ **Life of Project Surplus: 1,106,000,000 UGX**
- **2019-Expanded to North, East and Central**
- **71 new providers trained**

The other key highlight of the session was a poster presentation by Ms Beatrice Kyomugisha, who shared a best practice that has emerged out of health cooperatives. They realized that girls were disproportionately affected by some health challenges e.g. teenage pregnancies, sexually transmitted infections (STIs), etc. leading to excessive usage of the pooled funds towards meeting healthcare costs. They came up with a plan to set up Girl Centres where girls receive skills and empowerment to avoid/overcome the vulnerabilities. The girls are exposed to leadership and other life skills and receive information on reproductive health, HIV and are trained in practical activities.



Participants listening to the poster presentation by Ms Beatrice Kyomugisha

Mr Simon Mugisha gave a description of the governance structure of health cooperatives. He said a health cooperative is controlled by its members who elect a board that governs it and oversees the day to day activities. The Board recruits staff for the health cooperative to implement its decisions. He decried the challenge of low membership and noted that one of the lessons learned was that health cooperatives can be leveraged for community mobilization and education for health programs/outreaches to reduce disease outbreaks.

Sr Cecilia Atayo shared on improving health provider performance and cost recovery through Cooperative Health insurance. She described how St. Daniel Comboni hospital a member of Uganda Health Cooperative Society Limited works: Member premiums are prepaid to the provider;

the benefit package is documented in a memorandum of understanding; the provider issues and enforces identification to avoid deficits; provider offers care to members even when premiums are exhausted; provider invests in health education and disease prevention; provider collects and uses data to make decisions; provider surplus is reinvested to improve quality of care; members who dropout pay for the previous period to re-enroll.

She observed that there were benefits accruing from the HC including: Increased outpatient attendance by 10% because of no fear for high costs; reduced malaria cases treated from coop members due to increase in preventive behaviour arising from intense health education; more members delivering in hospitals; increased number of members attending four antenatal visits; members seek care early and hence easier to treat; reduced number of escapees- as premiums are prepaid; increased income to the hospital and surplus is reinvested; improved trust and relationship with the community.

She observed a number of challenges: difficulties in member mobilization and retention; failure to pay premium on time; difficulties in data tracking and use; and cases of disease outbreaks exhaust premiums.

Key issues from the discussion

- The health cooperative model of prepayment for health services is one of the ways to address financial access to healthcare.
- Health cooperatives have been effective in mobilizing significant resources for financing health care for households
- Despite the benefits reported, the uptake of health cooperatives as a means to address financial access to healthcare remains low with only a handful of health cooperatives out of over 20,000 cooperatives registered in Uganda.
- More work is needed to ensure better penetration of health cooperatives as a health care prepayment mechanism among communities.



Mr. David Karamagi, Monitoring and Evaluation Manager, and Ms. Sarah Murungi, Chief of Party, HealthPartners Uganda, at the conference.

TOPIC 2: Integrating community health financing initiatives in other local and national systems and programs to increase uptake and coverage

4.5 Community Health Insurance and Luwero District Local Health System

This presentation was made by Dr. Innocent Nkonwa, Luwero District Health Officer. He shared some of the demographics of the district which include a population of 497,100 people with nearly 80% of them living in rural areas. The district has 80 health units at different levels.

He pointed out that for more than 10 years, CHI work concentrated in the three sub-counties of Luwero, Butuntumula and Katikamu. There were 76 CHI schemes under MBUSO with a membership of 26,087 beneficiaries from 3,850 households. The schemes were admitting every member of the community who is able to pay the premium without discrimination. He further noted that in July 2016, SHU started expanding operations with a plan to cover the entire district and by June 2019, each parish had been reached.



Dr. Innocent Nkonwa

He elucidated on how CHI schemes operate as outlined below;

- Communities are organised into formal groups known as schemes operating at parish level.
- Each group sets up a structure and elects leaders to run the new structure.
- Through this structure, families meet to discuss issues related to their disease burden, health care services availability, organization and quality.
- Community members agree to pay premium (a fee) to create a fund for their healthcare.
- Premiums are paid once a year and the money is kept in a bank.
- The average premium in Luwero is Ushs20,000 per person per year.
- SHU facilitates negotiations between health care service providers (of quality) and schemes leading to signing service contracts.
- Health care providers provide services to scheme members under agreed upon terms and conditions and send medical bills to the network of schemes.
- The schemes pay medical bills of their members on a monthly basis. Scheme members do not pay bills at the time of consuming healthcare. They however make co-payments at the time of receiving health care as a way of limiting unnecessary consumption of services.

Dr. Nkonwa briefed participants on the process the district followed to pass a CHI ordinance in 2018.

- On 30th November, 2017 the District Council approved a motion by the Chairperson of the District Health Committee seeking leave of council to draft an ordinance for creating Luwero District Community Health Insurance Scheme (LDCHIS).

- On 20th December, 2017, the Chairman of the Health Committee laid on table the draft ordinance during a Council meeting.
- The committee carried out consultations with stakeholders in sub-counties and at district level.
- On 14th October, 2018, the ordinance was passed by the District Council
- The ordinance was submitted to the Attorney General for approval as required by law.

Dr. Nkonwa acknowledged the important role played by the district leadership in the development and growth of CHI in the district including; guidance, community mobilization, coordination and security.

Key issues from the session

- Support by the district leadership played a key role in helping communities embrace CHI in Luwero and the neighbouring districts, with some leaders taking it up.
- Not all the district leaders have taken up CHI highlighting the necessity to provide tailored packages that meet their needs.
- Uptake of CHI in Luwero district remains a best practice and many districts expressed a need to visit and learn how it has been achieved.

DAY THREE:

The third day of the conference started off with a word of prayer followed by a recap of the proceedings of day two that was presented by Dr. Martin Ruhweza on behalf of the rapporteur team. This was followed by two presentations, one keynote address and a panel discussion before the closing ceremony commenced.

5.1 How CHI is integrated (planning and implementation) in Uganda's proposed NHIS

The presentation was made by Mr. Walimbwa Aliyi, NHIS focal person, MOH, and continued to build on the aim of demonstrating how community health financing initiatives can be integrated within other local and national systems and programs to increase uptake and coverage. The session was chaired by Ms. Grace Kiwanuka Ssali, Executive Director, Uganda Healthcare Federation. Some of the highlights in this presentation showed a grim picture of the health financing landscape in Uganda in comparison with her neighbours. As seen in the table below, Uganda has the highest out of pocket expenditure on health at 41% and the least health insurance coverage at 1.5% in the current dispensation of tax-based



Country	OOP Exp. On health	Funding mechanisms	Health insurance coverage	Remarks
Uganda	41%	Largely from national treasury and donor funds	<1.5%	- Free services, catastrophic expenditure - Less protection
Kenya	26%	Both national treasury and NHIF	35%	
Tanzania	23%	Both national treasury and NHIF and CBHIS	25%	
Rwanda	28%	NHIS, CBHIS	>98%	High risk protection
Burundi	21%	National treasury, NHIF and CBHIS	24%	

financing of free health services at public health facilities.

Mr Walimbwa also quoted the National Health accounts of 2014/15 – 2015/16 which showed that; 1) the annual per capital total health expenditure of USD 53 (UGX 193,450) is way below the recommended minimum of USD 84 (UGX 306,600); 2) of the USD 53 Total Health Expenditure, 15% is from Government, 42% from donors, 41% from individuals out of pocket; 3) only 2% is contributed by pre-payment mechanisms like health insurance and community payment mechanisms. Eighteen years since the Abuja declaration, health allocation as a

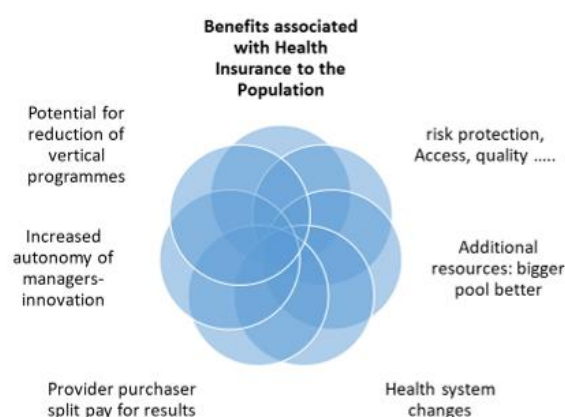
percentage of the national budget fluctuates between 6% and 8% way below the recommended 15%.

He noted that MOH recognized the benefits of health insurance and pointed out that the work on NHIS had started with a feasibility study conducted by Makerere University School of Public Health and Harvard University in 2002 although progress had been slow. He stated the objectives of the NHIS bill as being three namely:

- To develop health insurance as a mechanism for financing health care in Uganda.
- To facilitate the provision of efficient, equitable, accessible, affordable and quality health care to all residents of Uganda;
- To ensure quality of health care services, equity, appropriate utilisation of services and patient satisfaction in the provision of health care.

He also illustrated the rationale and functions of the NHIS as below:

RATIONALE FOR CHOICE OF NHIS



Functions of the NHIS

Collect and receive funds and hold, deposit, invest, administer and disburse the funds received, in accordance with the Act;

Accredit, monitor, regulate and contract health care providers;

Determine the payment mechanism to be used to pay health care providers;

Carry out research and provide statistics on matters relating to health insurance and health care needs in Uganda; and

Perform any other function necessary for the implementation of this Act.

Lastly, he shared possible scenarios of how CHI schemes can be engaged in the implement of the NHIS:

POSSIBLE SCENARIOS /OPTIONS FOR ENGAGING CHI SCHEMES

NATIONAL HEALTH INSURANCE SCHEME

NHIS TAKES OVER CHI STRUCTURES MANDATING ALL LOCAL GOVTS TO ESTABLISH CHIS TO COVER MEMBERS IN

COMPETITION /SUPPLEMENTARY : OPERATE PARELLEL TO THE NHIS-

ALLOW CHIS TO CONTINUE ALONGSIDE NHIS TO COVER THE UN-INSURED

ADOPTION OF CHIS STRUCTURES IN ENROLMENT AND MARKETING FOR NHIS AT A FEE AGENTS

5.2 Ghana's experiences with integrating CHF initiatives in local and national systems to increase uptake and coverage

This presentation was made by Mr. Alex Ofori Mensah, Director, Resource Mobilization and Health Technology, Christian Health Association of Ghana. He set the stage by sharing the chronology of health reforms in Ghana. He said the Catholic Diocese of Sunyani experimented and nurtured a community health insurance scheme in 1992 that was largely successful and provided financial risk protection for members and became popular. Donors took interest and over 400 mutual health organisations (MHOs) emerged. With the passing of the NHIS Act (Act 650) many CHI schemes were rendered redundant and died off because the law did not permit state funds to be used to support these schemes. The NHIS has 40% coverage with over 6,000 providers contracted and digital applications are used to ensure efficiency and cost control.

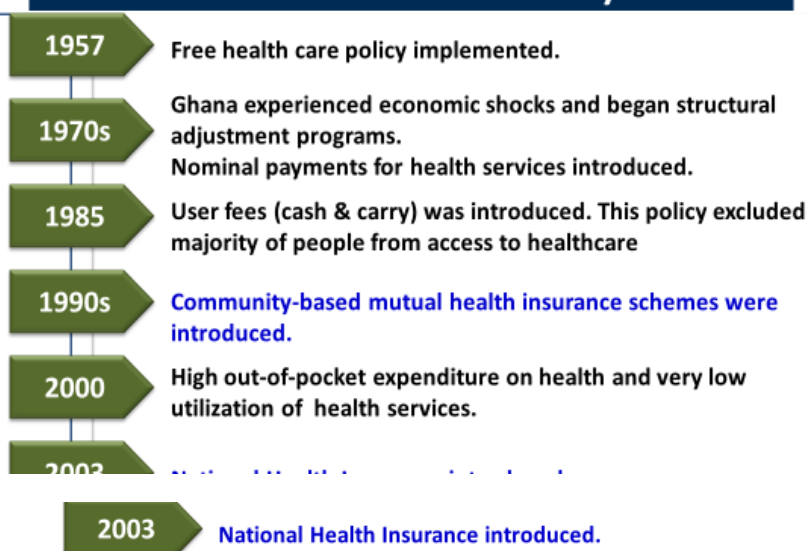


Mr. Alex Ofori Mensah

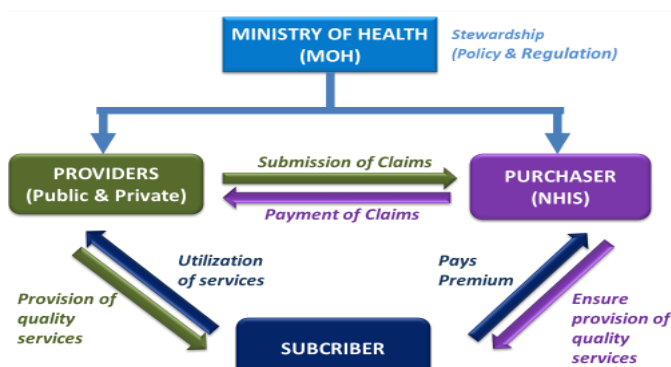
He shared some of the lessons learned and these included:

- MHOs/CHI schemes demonstrated the feasibility of using health insurance as a health financing mechanism;
- MHOs/CHI schemes facilitated the birth and scale up of NHIS in Ghana;
- MHOs/CHI schemes showed that there is no one right approach to starting health insurance.

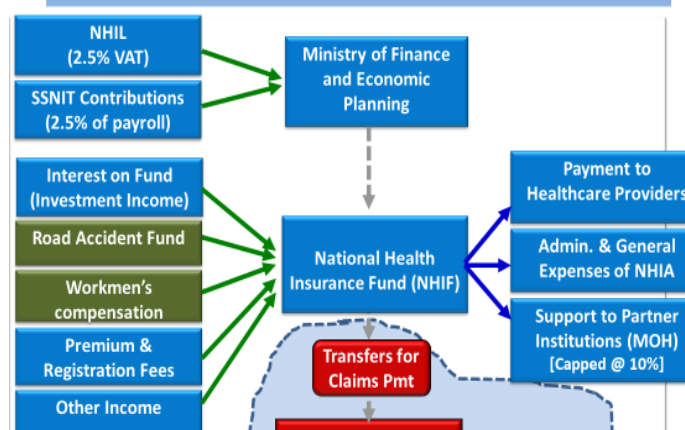
Reforms in Ghana's Health System



Key Players in NHIS Architecture



Revenue Sources & Allocation (Act 852)



Key issues from the session

- Digitalization of processes was very important in Ghana to eliminate unnecessary overconsumption (moral hazard) and impersonation.
- There are some commonalities between the perceived potential role of CHI in NHIS by MOH and what was being proposed by CHI promoters hence the need to continue advocacy engagements.
- The best way to ensure NHIS takes off is to make the bold move and start in the face of many uncertainties and huge fears.
- Development partners can play a role in supporting NHIS to take off in the initial stages.

5.3 Keynote address II: Role of leaders at various levels in promoting and supporting implementation of CHF initiatives and upcoming NHIS for Uganda

Prof John Mugisha, Vice Chancellor, Cavendish University, made a passionate presentation on the critical role leaders need to play at this stage of discussing the NHIS bill and going forward. This session was moderated by Mr. Douglas Opio, Executive Director, Federation of Uganda Employers.

Prof. Mugisha emphasized key leadership roles and qualities as outlined in the picture (*below*). He postulated that effective leadership requires a number of ingredients namely: shared vision and commitment; a conviction that the vision is worth pursuing; purposeful and productive working relationships – internal and external; clarity about values – personal and organizational.

He gave examples of successful leaders such as Nelson Mandela, Mahatma Gandhi, Barak Obama, Bishop Luke Orombi among others and argued that these were effective leaders who succeeded because of a number of deliberate actions including: building teams and ensuring good communication and relationships; adapting to changing circumstances and ability to seize opportunities; they consult, involve and explain why as well as what needs to be done; they know their objectives and have a plan how to achieve them; they never take credit themselves for



Prof. John Mugisha

Four major discussion points

- ✓ Attaining UHC requires going beyond addressing financial barriers and focusing on only health care
- ✓ Leadership and Governance drive every other function
- ✓ Effective leaders display leadership behaviours that get results
- ✓ All key leadership actors at all levels have to do their part if there is to be effectiveness at different levels

the achievements, they give it to their followers.

Prof. Mugisha underlined the importance of strengthening leadership and gave the rationale for this in the context of UHC including:

- Creating visibility lack of which is a factor for exclusion of especially the rural poor;
- Addressing the powerlessness and low self-esteem associated with structural inequalities;
- Tapping and mobilization of assets within communities including skills, knowledge, and social networks and funds can boost efforts around UHC;
- Influencing positive behaviour change;
- Flow of new ideas and information particularly what works and what is needed.

5.3.1 Panel discussion: Issues from the keynote presentation

There was a panel of experts that provided perceptions on the roles of leaders to enrich the message from the keynote presenter. These included Ms Christine Namayanja, Chief of Party USAID/Uganda Voucher Plus Activity; Dr Patrick Kerchan, Head of Programs at Uganda Protestant Medical Bureau; and Canon David Kabigumira, Chairperson Sheema District Local Government.



L-R: Dr. Patrick Kerchan, Ms Christine Namayanja, Mr. Opio Douglas and Canon David Kabigumira.

- Dr. Patrick Kerchan implored leaders to use the 3H approach which entails working on the issues of mindset (Head), values (Heart) and Cleat Action (Hands). It is important to have a clear communication strategy to ensure sufficient financing for health.
- Ms Christine Namayanja argued that being in a position of power does not mean knowledge. She thus urged leaders to seek to be knowledgeable in order to have purposeful engagement that can help provide real solutions. In the same light, the challenge was upon promoters of CHI to ensure leaders are provided with information to enable them be knowledgeable.
- Canon David Kabigumira contended that leaders exist for a season, they are not eternal; they should thus have a clear purpose/mission. He illustrated this with the example of Jesus Christ who “came that he may give life and life in abundance”. He also agreed that

leaders need to have information and quoted Prov 27:17 “Iron Sharpens Iron” implying that it is people who can help fellow humans to become better through sharing knowledge.

Key issues from the discussion

- In order to ensure maximum support from leaders, programs need to share information with the leaders as much as possible. This empowers the leaders to mobilize communities and also support resource mobilization and accountability
- Leaders at all levels must have a clear purpose. They need to appreciate why they are in that position of authority and make good use of it for the benefit of the people during their term of office. In this case, it is important for leaders to consider their contribution in regard to improving financial access to healthcare for the people.
- Leadership determines success or failure of a team/program; it is thus imperative that programs tap into the opportunity presented by leaders and use them to achieve success.



Some of the leaders from district at the conference



Bushenyi District Chairman Mr. Basajjabalaba Jaffer contributing to the discussion at the conference

5. CONFERENCE RESOLUTIONS AND CLOSURE

Dr Martin Ruhweza, provided a brief recap of the conference objectives and themes plus the emerging issues from the three-day presentations and discussions. On this basis, he then shared the conference resolutions as outline below:

1. Conference participants and CHI promoters will continue to support the process of enacting the NHIS law by participating in debates and making proposals.
2. Continue to advocate for CHI schemes to play the role of linking the informal sector to the NHIS as:
 - a. Marketing distribution channels
 - b. Collection agents for the NHIS
3. Maintain existing CHI schemes/programs and expand beyond the 32 districts currently covered by:
 - a. Building resilient systems for sustainability e.g. adoption of technology
 - b. Linking CHI to livelihood/ economic programs
4. Advocate for implementation of a multisectoral approach with all relevant sectors (finance, gender, labour and social development, etc.) playing their respective roles to ensure a healthy population.
5. Mobilize leaders and advocate/demand for their involvement in promoting CHI and supporting the implementation of NHIS.

6.0 Closing Ceremony

The conference was officially closed by Mr. Stephen Kasaija, the Head of Program Management Unit, Expanding Social Protection Program who represented the Minister for Gender, Labour and Social Development, Hon. Janat Mukwya. The Minister's speech was preceded by remarks from SHU Executive Director and other distinguished personalities.



Left - Right: Mr. Makaire Fredrick, Prof Yoswa Mbulalina Dambisya, Mr. Stephen Kasaija, Ms. Phoebe Namulindwa and Mrs. Leticia Nakimuli Iumba at the closing ceremony.

6.1 Remarks by SHU Executive Director, Mr. Makaire Fredrick

Mr. Makaire congratulated participants upon coming to the end of the three days of a well attended and successfully organized conference. He reiterated the value of CHI in improving access to affordable healthcare as was evidenced in the testimonies heard during the field visit on the first day of the conference. He pointed out that while the previous versions of the NHIS Bill mentioned CHI as one of the sub schemes, the one presented before Parliament was silent on the issue. He asked members of parliament to provide for CHI in the law so that the informal sector is not excluded from the NHIS.

He appreciated participants who he said had hit the record number of 225 which proved that CHF and NHIS were subjects of interest to everyone. He greatly appreciated the media for their role in informing and educating the public about the NHIS. He thanked Luwero district leadership for leading the way in demonstrating how CHI can work in Uganda - from theory to practice. He reported that the District Chairperson for Sheema had pledged to follow suit and establish a district-wide CHI in his district - the same was noted about Mubende and Bushenyi district chairpersons. He pledged SHU support to the districts intending to implement CHI schemes to ensure that they succeed.

He thanked the partners that made the conference possible noting that SHU could not have accomplished this task without their support. He also recognized members of the organizing committee. He reechoed the commitment of SHU to organizing the 5th annual CHF conference next year to educate and encourage new partners that come on board.

6.2 Remarks by SHU Board Chair Mrs. Leticia Nakimuli Irumba

Ms Leticia appreciated participants for the lively discussions and full presence throughout the conference. She urged them to make efforts to implement the resolutions agreed upon as the case was in the previous year. She reechoed SHU's commitment and pledge to see that CHI expands beyond the 32 districts.

6.3 Remarks by Prof. Yoswa Mbulalina Dambisya, Director General, East Central and Southern Africa Health Community (ECSA–HC)

Prof Dambisya expressed the lessons he had picked on how to mobilize partners and also put communities at the centre of their strategies. He congratulated SHU and the organizing committee for a well-organized conference. He pointed out that the way the conference was attended and the level of discussions and the opening remarks from the Speaker and closure by the Minister of Gender were all evidence of political will for CHI in the country. He noted that the call by district Chairpersons for CHI in their districts highlighted the morale and interest that had been generated.

6.4 Remarks by Luwero Resident District Commissioner, Ms Phoebe Namulindwa

She thanked SHU for the work done in Luwero district which had made it a model district in CHI implementation. She noted the importance of engaging the leadership to embrace CHI schemes which cannot be achieved without understanding what CHI is about. She urged the leaders to

endeavor to get information about the schemes in order to advocate and share experiences. She pointed out how the District Health Officer had explained the performance of Luwero including the key roles played by the leadership at various levels particularly the collaboration and coordination among local leaders which made work easy. She urged the government to emulate what has been done in other countries like Ghana and called for approval of Luwero District CHI Ordinance by the Attorney General.

6.5 Remarks by Hon Violet Akurut Adome, Woman MP Katakwi and Vice Chair, Parliamentary Foreign Affairs Committee

Hon Akurut appreciated SHU for the conference and for advocating of Universal Health Coverage. She challenged other districts to benchmark on the Luwero District CHI Ordinance. She was happy that government had tabled the NHIS bill in parliament and reported that MPs had gone ahead to work on a private member's NHIS bill had government not acted fast. She urged people to make input into the bill at this stage and implored them not to worry about CHI being left out of the NHIS bill. She was of the view that the partners in CHI should be the same channels for rolling out NHIS in communities.

6.6 Closing Remarks by Minister of Gender Labour and Social Development

Mr. Steven Kasaija delivered apologies from the Minister and the permanent secretary who could not make it, but mentioned that they had both indicated a commitment to be present at the next engagement and that they wanted to visit the schemes to get a feel of the experiences of CHI in the communities. The Minister, in the speech read by Mr. Kasaija, congratulated the participants for having successfully come to the end of the conference. She thanked the conference organizers, SHU and partners for creating such a platform for stakeholders to talk about matters relating to the existing CHF initiatives and the proposed NHIS. She commended the organizers for the approach of starting with a field visit for participants before convening at the hotel for discussions. She expressed pleasure to take up the resolutions and follow them through and encouraged participants to engage with parliament as well.

The Minister decried the adverse consequences of ill health on the quality of life and livelihoods of the population of Uganda which render people redundant because they cannot work when they are sick or taking care of a sick family member. She said ill health is one of the reasons some families remain trapped in poverty while others adopt negative coping mechanisms like selling household assets including land, livestock or any other available physical property to pay medical bills, which plunges them even deeper into poverty. He reiterated his Ministry's interest in the discussion on UHC because ill-health causes and perpetuates vulnerability more than any other risk. She singled out women, children, youth, older persons, people with disabilities and informal sector workers as badly hit by this problem.

The Minister noted that her Ministry recognized health insurance as a social protection intervention designed to address the risk of ill-health, which can befall anyone, anytime and expose them to income insecurity. She pointed out that the National Social Protection Policy, which was approved by Cabinet in 2015, identifies affordable health insurance as a one of the priority areas of focus. In line with the mandate to coordinate the implementation of the

National Social Protection Policy, she noted that her ministry was working closely with the Ministry of Health to establish the NHIS as a key component of the National Social Protection System. She implored participants to continue with the serious work around CHF and the NHIS so that every Ugandan can have access to health insurance services irrespective of the economic or employment status.



The Chief Guest with some members of Parliament, some of Luwero district leaders and some members of the organising committee

ANNEXES

Annex 1: Partners that supported the conference

1. Bread for the World
2. Ministry of Health
3. Ministry of Gender, Labour and Social Development
4. HealthPartners Uganda
5. Uganda Insurers Association
6. Smart Applications International (U) Limited
7. Federation of Uganda Employers
8. USAID/Uganda Voucher Plus Activity
9. Uganda Protestant Medical Bureau
10. Luwero District Local Government
11. St. Kizito Nattyoole HCIII, Luwero

Annex 2: Organizing committee members



Mr. Makaire Fredrick,
Save for Health Uganda



Dr. Ronald Kasyaba,
Uganda Catholic
Medical Bureau



Ms. Nnamulondo Proscovia,
Save for Health Uganda



Dr. Martin Ruhweza,
Healthwise Uganda



Dr. Innocent Nkonwa,
Luwero District Local
Government



Ms. Veronica Asio,
Save for Health
Uganda



**Ms. Juliet Nazibanja
Kibirige, Save for Health
Uganda**



Mr. Walimbwa Aliyi,
Ministry of Health



Mr. Zephaniah Ogen,
Ministry of Gender,
Labour and Social
Development



Mr Robert Kabaale,
Save for Health Uganda

Annex 3: List of participants

	Name	Organisation	Position	District
1	Hon. Sarah Opendi	Ministry of Health	State Minister for Health, General duties	Kampala
2	Mr. Stephen Kasaija	Ministry of Gender, Labour and Social Development	Head PMU –Expanding Social Protection	Kampala
3	Prof. Freddie Ssengooba	Makerere University School of Public Health	Director, SPEED	Kampala
4	Prof. John F. Mugisha	Cavendish University	Vice Chancellor	Kampala
5	Mr. Alex Ofori Mensah	Christian Health Association of Ghana	Director, Resource Mobilization and Health Technology	
6	Prof. Yoswa Mbulalina Dambisya	East Central Southern Africa-Health Community	Director General	
7	Hon. Akurut Violet Adome	Parliament	Katakwi District - Woman MP	Kampala
8	Hon. Koluo Joseph Andrew	Parliament	Toroma County	Kampala
9	Hon. Ssebikaali Joel	Parliament	Ntwetwe County	Kampala
10	Hon. Mbwarekamwa Gaffa	Parliament	Kasambya County	Kampala
11	Hon. Sentongo Robinah	Parliament	Kyotera District - Woman MP	Kampala
12	Hon. Kamusiime Pentagon Innocent	Parliament	Butemba County MP	Kampala
13	Hon. Andrew Kiiza	Parliament	Kigulu South	Kampala
14	Mr. Bwire Webby	Parliament	Clerk to Health Committee	Kampala
15	Mr. Bagaga Ronald	Parliament	Legal Counsel	Kampala
16	Ms. Berna Naigembe	Parliament	Researcher	Kampala
17	Mr. Walimbwa Aliyi	Ministry of Health	Senior Health Planner	Kampala
18	Mr. Zephaniah Ogen	Ministry of Gender, Labour and Social Development	Senior Program Officer	Kampala
19	Prof. Obwoya Kinyera	National Planning Authority	Deputy Chairperson	Kampala
20	Ms. Sarah Nahalamba	National Planning Authority	Senior Planner Health	Kampala
21	Mr. Bonny Okello	Insurance Regulatory Authority	For Executive Director	Kampala
22	Prof. Robert Basaza	St. Augustine University	Senior Physician	Kampala
23	Dr. Elizabeth Ekirapa Kiracho	Makerere University School of Public Health	Senior Lecturer	Kampala
24	Dr. Orach Sam	Uganda Catholic Medical Bureau	Executive Secretary	Kampala
25	Dr. Kasyaba Ronald	Uganda Catholic Medical Bureau	Deputy Executive Secretary	Kampala
26	Ms. Catherine Asimwe	Uganda Catholic Medical Bureau	Administrator	Kampala
27	Dr. Patrick Kerchan	Uganda Protestant Medical Bureau	Head of Programs	Kampala
28	Ms. Christine Makobole	Uganda Protestant Medical Bureau	Community Health Insurance Coordinator	Kampala

29	Ms. Nakabiito Hamida N	Uganda Orthodox Medical Bureau	For Executive Director	Wakiso
30	Mr Franklin Watalungha	Uganda Orthodox Medical Bureau	HR Advisor	Kampala
31	Mr Kato Aloysius	Uganda Orthodox Medical Bureau		Kampala
32	Mr Otto David	Uganda Orthodox Medical Bureau		Kampala
33	Dr. Karama Said	Uganda Muslim Medical Bureau	Executive Secretary	Kampala
34	Mr. Muzamiru Kivumbi	Uganda Muslim Medical Bureau	Monitoring and Evaluation Officer	Kampala
35	Ms. Rukia Nansamba	Uganda Muslim Medical Bureau	Finance Manager	Kampala
36	Ms. Sarah Nakimbugwe	Uganda Muslim Medical Bureau	Medical and logistics Officer	Kampala
37	Ms. Judy Mugoya	Smart Applications International	Country Manager	Kampala
38	MS. Rukia Bari	Smart Applications International	Customer Marketing Manager	Kampala
39	Ms. Peace Uwor	Smart Applications International	Head, Sales (Business Development)	Kampala
40	Ms.Sharon Munguryek	Smart Applications International	Business Development Officer	Kampala
41	Mr. Justin Mugi	Smart Applications International	Customer service Manager	Kampala
42	Ms. Christine Namayanja	USAID - Uganda Voucher Plus Activity	Chief of Party	Kampala
43	Mr. Ochola Miltion	Soroti Medical Associates	Clinician	Soroti
44	Mr. Otai James	Reproductive Health Uganda		Kampala
45	Mr. Okullo Isaac	Bata Medical Centre	Nurse	Kole
46	Mr. Ocen James	Gift Life Medical Centre and Laboratory		Lira
47	Mr. Felix Oyugi	Aero Medical Clinic		OYAM
48	Mr. Ogwang Ambrose	Alleluyah JMC	Clinician	Alebtong
49	Ms. Nakayenze Emily	Devine Community Health Centre	Administrator	Sironko
50	Mr. Moses Aisia	Holy Inocent HCIII	Director	Bukedea
51	Mr. Medeyi Vincent	Kolonyi Hospital	MOSG	Mbale
52	Ms. Elizabeth Namasaba	Shared Blessings		Sironko
53	Mr. Boaz Aruho	Mbale People's Clinic	Managing Director	Mbale
54	Mr. Ogengo Franco	Gracious Clinic and MH	Administrative Assistant	Gulu
55	Ms. Musedde Deborah	Destiny Domiciliary Clinic	Midwife	Sironko
56	Mr. Sipwoli Severio	Magale HCIV	MCO	Namisindwa
57	Mr. Denis Omonya	Heaven of Peace Medical Centre	MOSG	Lira
58	Mr. Okello Charles	Aero Medical Clinic	Chairman - Coop	OYAM
59	Mr. Odur Boneface	Aero Medical Clinic	Administrator	Oyam
60	Dr. Odongo Tonny	Holy Innocent HCIII	Medical Officer	Bukedea

61	Dr. Andrew Ssemwanga	St. Lawrence University	Vice Chancellor	Kampala
62	Mr. Patrick Luwagga	Mengo Hospital	Deputy Medical Director	Kampala
63	Ms. Namara Caroline	WASCOF	Program Officer	Bushenyi
64	Mr. Bengo Badru	Uganda Insurer's Association	Life and Pensions Manager	Kampala
65	Ms. Igonu Juliet	Uganda Insurer's Association	Non-Life Insurance Manager	Kampala
66	Ms. Sarah Murungi	Health Partners	Chief of Party	Kampala
67	Ms. Geoginah Byanjeru	Health Partners	Administrative Assistant	Kampala
68	Mr. Simple Wagaba	Health Partners	Technical Advisor - Governance	Mbarara
69	Mr. Johnson Andinda	Health Partners	Technical Advisor -Provider Relations	Kampala
70	Mr. David Karamagi	Health Partners	Monitoring and Evaluation Manager	Kampala
71	Mr. Richard Bariyo	Health Partners	Driver	Kampala
72	Ms. Pamela Tumwesigye	Ministry of Trade, Industry and Cooperatives	Cooperative Officer	Kampala
73	Mr. Simon Mugisha	Uganda Health Cooperative	Cooperative Coordinator	Bushenyi
74	Dr. Ezekiel Kakiiza	Ibanda Mission Hospital	In- Charge	Ibanda
75	Ms. Kyomugisha Beatrice	Mbarara Arch diocese Health Cooperative	Cooperative Girl Centre Coordinator	Isingiro
76	Sr. Cecilia Atayo	Comboni Hospital	Hospital	Bushenyi
77	Mr. Grace Kiwanuka	Uganda Health Care Foundation	Executive Director	Kampala
78	Mr. Conrad Othieno	African Evangelistic Enterprise	Program Officer	Kampala
79	Dr. Unyuthi Rubanga George	Forum for Development of Greater Nebbi	Health Focal Person	Nebbi
80	Mr. Anthony Opio	Doctors with Africa CUAMM	Director - Programmes	Kampala
81	Dr. Kaweesa Brian	WENZT Medical Centre	In-charge	Nakasongola
82	Ms. Evelyn Kisubi	SHU Finance	Manager	Luwero
83	Ms. Stella Nabbanja Ojinga	Padre Pio Insurance Brokers Ltd		Kampala
84	Mr. Bengana Patrick	Padre Pio Insurance Brokers Ltd	Consultant	Kampala
85	Ms. Ambrose Nimusiima	Bushenyi Hospital and Clinic	Insurance Coordinator	Bushenyi
86	Mr. Otim Denis	UCCFS	Insurance Specialist	Kampala
87	Mr. Paolo Reggio d'Aci	ENABEL	Health Financing Expert	Kampala
88	Mr. Douglas Opio	Federation of Uganda Employers	Executive Director	Kampala
89	Ms. Nandera Saphina	Federation of Uganda Employers	Policy and Research	Kampala
90	Mr. Henry Saaba	Federation of Uganda Employers	Membership Officer	Kampala
91	Mr. Dan Okaya	Federation of Uganda Employers	Policy and Research	Kampala
92	Mrs. Leticia Nakimuli Irumba	Save for Health Uganda	Board Member	Kampala
93	Mr. Makaire Fredrick	Save for Health Uganda	Executive Director	Kampala
94	Ms. Juliet Nazibanja Kibirige	Save for Health Uganda	Programs Officer	Kampala

95	Ms. Veronica Asio	Save for Health Uganda	Finance and Admin Officer	Kampala
96	Ms. Nnamulondo Proscovia	Save for Health Uganda	Communication and Advocacy Officer	Kampala
97	Mr. Kabaale Robert	Save for Health Uganda	Assistant Programs Officer	Kampala
98	Mr. Kenneth Waiswa	Save for Health Uganda	Assistant Programs Officer	Luwero
99	Mr. Friday Moses	Save for Health Uganda	Team Leader	Bushenyi
100	Mr. Samuel Kitenda	Save for Health Uganda	Team Leader	Luwero
101	Mr. Mujuni Wilfred	Save for Health Uganda	Senior Field Officer	Mityana
102	Ms. Josephine Kemigisha	Save for Health Uganda	Office Administrator	Kampala
103	Mr. Ssekyanzi Badru	Save for Health Uganda	Driver / Office Assistant	Kampala
104	Mr. Samuel Oromchan	Save for Health Uganda	Driver / Office Assistant	Kampala
105	Mr. David Wamuwaya	Bukobero Community Health Centre CBO		Buduuda
106	Mr. Fred Peter Maira	Bukobero Community Health Centre CBO		Buduuda
107	Mr. Turyahabwa Alex	Nyakibale Community Health Insurance Scheme, Rukungiri District	Coordinator	Rukungiri
108	Mr. Harera Gervase	Mutolere Community Health Insurance Scheme, Kisoro District.	Chairperson	Kisoro
109	Mr. Orikurungi Alexander	Kitanga Community Health Insurance Scheme, Rukiga District.	Chairperson	Rukiga
110	Mr. Ngirimana Antelly	Kinanira Community Health Insurance Scheme, Kisoro District.	Chairperson	Kisoro
111	Ms Sarah Muzaki	Kayoyo HC III Scheme	Director	Tororo
112	Mr. Sekyanzi David Kitaakule	MBUSO	President	Luwero
113	Mr. Mayanja Moses Kizza	MBUSO	Board member	Luwero
114	Mr. Masembe Esau	MSCOM	Chairperson	Kassanda
115	Mr. Muhumuza Stephen	WATSA	Chairperson	Sheema
116	Ms. Natukunda Mary	WATSA	Board Treasurer	Bushenyi
117	Mr. Kibalama John	MBUSO	Scheme Chairperson	Luwero
118	Mr. Lubwama Christopher	MBUSO	CHI Scheme Manager	Luwero
119	Mr. Kirinde Justine	MBUSO	CHI Scheme Agent	Luwero
120	Mr. Makumbi Rose	MBUSO	CHI Scheme Agent	Luwero
121	Mr. Galiwango Godfrey	MBUSO	CHI Scheme Chairperson	Luwero
122	Ms. Babirye Mary	MBUSO	CHI Scheme Chairperson	Luwero
123	Mr. Kiseka Denis	MBUSO	CHI Scheme Chairperson	Luwero
124	Ms. Nakakaawa Florence	MBUSO	CHI Scheme Chairperson	Luwero
125	Mr. Kivumbi Saulo	MBUSO	CHI Scheme Chairperson	Luwero
126	Mr. Sseruma Sserugo	MBUSO	CHI Scheme Member	Luwero

127	Mr. Basaba Anthony	MBUSO	SOS CHI scheme Coordinator	Luwero
128	Pastor Nyongesa David	SHUMCHI Scheme	Director	Masaka
129	Ms. Namulindwa Phoebe	Luwero District	Resident District Commissioner	Luwero
130	Ms. Kagaiga Reilah Mugisha	Luwero District	Deputy Resident District Commissioner	Luwero
131	Dr. Innocent Herbert Nkonwa	Luwero District	District Health Officer	Luwero
132	Mr. Godfrey Kuruhiira	Luwero District	Chief Administrative Officer	Luwero
133	Ms. Katasi Florence	Luwero District	District Community Development Officer	Luwero
134	Mr. Serugo Joseph	Luwero District	Vice Chairperson/ Sec for Health	Luwero
135	Mr. Mayanja Dithan Kikabi	Luwero District	Speaker	Luwero
136	Ms. Kayaga Aisha Shamim	Luwero District	Councillor - Butuntumula Subcounty	Luwero
137	Mr. Mwesigye Patrick	Luwero District	Councillor - Kamira subcounty	Luwero
138	Ms. Nakitende Flavia	Luwero District	Councillor- Kalagala Subcounty	Luwero
139	Ms. Namugambe Harriet	Luwero District	Councillor - Ziobwe Subcounty	Luwero
140	Ms. Nakamanya Christine	Luwero District	Councillor - Workers Female	Luwero
141	Mr. Semugabi Emmy	Luwero District	LCIII Chairman - Luwero Subcounty	Luwero
142	Mr. Mukungu Paul Ssenyonga	Luwero District	Mayor - Luwero Town Council	Luwero
143	Mr. Kalibbala Charles	Luwero District	LCIII Chairman - Makulubita	Luwero
144	Mr. Omar Ali Kyagulanyi	Luwero District	LCIII Chairman - Katikamu	Luwero
145	Mr. Sematimba Abubakar M	Luwero District	LCIII Chairman - Kikyusa	Luwero
146	Mr. Osman Kassim Ramathan	Luwero District	LCIII Chairman - Bombo Town Council	Luwero
147	Mr. Kibalama John Paul	Luwero District	LCIII Chairman - Butuntumula	Luwero
148	Mr. Serubidde Daniel	Luwero District	LCIII Chairman -Kalagala	Luwero
149	Mr. Senyonjo Edward	Luwero District	LCIII Chairman -Kamira	Luwero
150	Mr Muwayire G. W	Luwero District	LCIII Chairman - Nyimbwa	Luwero
151	Mr. Imarach Pascal	Luwero District	LCIII Chairman - Ziobwe	Luwero
152	Mr. Sebalamu Moses	Luwero District	LCIII Chairman - Wobulenzi	Luwero
153	Ms. Namukwaya Olivia	Luwero Town Council	Youth Leader	Luwero
154	Mr. Mubeezi Richard	Nakaseke District	District Community Development Officer	Nakaseke
155	Dr. Byamukama Agaba	Nakasongola District	District Health Officer	Nakasongola
156	Mr. Buyinza Simon	Nakasongola District	District Community Development Officer	Nakasongola

157	Mr. Kigula Samuel	Nakasongola District	District Chairman	Nakasongola
158	Dr. Deo Ssemuju Lubowa	Mubende District	District Health Officer	Mubende
159	Mr. Francis Kibuuka Amooti	Mubende District	District Chairman	Mubende
160	Ms Ndagire Mary	Mubende District	District Community Development Officer	Mubende
161	Mr. Zziwa Edwards	Kassanda District	Vice District Chairperson	Kassanda
162	Dr. Sentamu Lawrence	Kassanda District	District Health Officer	Kassanda
163	Mr. Buzaabaliwo Naggayi Ritah	Kassanda District	District Community Development Officer	Kassanda
164	Dr. Lwasampijja Fred	Mityana District	District Health Officer	Mityana
165	Mr. Muzira David	Mityana District	District Community Development Officer	Mityana
166	Mrs. Ssentamu Sarah	Mityana District	Vice District Chairperson	Mityana
167	Ms Nasamula Harriet	Mityana NGO Forum	Chairperson	Mityana
168	Mr. Kewaza Dauda	Masaka District	Ass. District Health Officer	Masaka
169	Ms. Musisi Lillian	Masaka District	District Community Development Officer	Masaka
170	Mr. Basajjabalaba Jaffer	Bushenyi District	District Chairman	Bushenyi
171	Dr. Edward Mwesigye	Bushenyi District	District Health Officer	Bushenyi
172	Mr. Muhanguzi Basil	Bushenyi District	District Community Development Officer	Bushenyi
173	Dr. Dickens Atwongyeire	Sheema District	District Health Officer	Sheema
174	Canon Kabigumira David	Sheema District	LC5 Chairman	Sheema
175	Ms. Tugumisirize Advine	Sheema District	District Community Development Officer	Sheema
176	Mr. Robert Mbeine	Mitooma District	District Health Officer	Mitooma
177	Mr. Tumukurate Silvester	Mitooma District	Chairman LCV	Mitooma
178	Ms. Atuzarirwe Allen	Mitooma District	District Community Development Officer	Mitooma
179	Mr. Mugisa Dan	AMG-Bugongi HCIII	In-charge	Sheema
180	Dr. Johnson Kabwishwa	Kitagata Hospital	Medical Superintendant	Sheema
181	Sr. Monica Tuhaise Mukama	Mushanga HCIII	In-charge	Sheema
182	Mr. Nayebare Aniset	Bitooma HCIII	In-charge	Bushenyi
183	Ms. Lydia Komugisha	Ishaka Adventist Hospital	Senior Hospital Administrator	Bushenyi
184	Sr. Claris Thekumpurth	Holly Cross Kikyusa HCIII	In-charge	Luwero
185	Sr. Ernestine Akulu	Bishop Caesar Asili Hospital	Administrator	Luwero
186	Sr. Nakakande Scholastica	St. Matia Mulumba Mulajje HCIII	In-charge	Luwero
187	Sr. Jeya Chitra	St. Luke Namaliga HCIII	In-charge	Luwero
188	Sr. Sabastin	St. Kizito Nattyooole HCIII	In Charge and Administrator	Luwero
189	Mr. Tumusiime Tadeo	St Francis Health Centre Kijaguzo	In-charge	Luwero

190	Mr. Samuel Okwir	St. Mary's Health Centre Kasaala	Clinical officer	Luwero
191	Sr. Rosemary Kendi	Good Samaritan HC Katikamu	In-charge	Luwero
192	Mr. Lubega Andrew	Kiwoko Hospital	CHI Coordinator	Nakaseke
193	Dr. Lumala Alfred	Kitovu Hospital	Chief Executive Officer	Masaka
194	Dr. Mutoto Andrew	St. Francis Community HCIV	In-charge	Mityana
195	Sr. Mary Cabrine Nakirijja	Naluggi HCII	In-charge	Kassanda
196	Sr. Blandina Mbabazi	St. Gabriel Mirembe Maria HCIII	In-charge	Kassanda
197	Ms. Annette Akankwatsa	Hope for the Needy Uganda - Kitokolo HCII	Executive Director	Kassanda
198	Ms. Nakiwala Rose	Franciscan HCIV Kakooge	Administrator	Nakasongola
199	Sr. Nakanwagi Christine	Nyakatsiro HCIII	In-charge	Sheema
200	Ms. Naluyiga Jane Francis	Our Lady of Lourdes	In-charge	Nakasongola
201	Mr. Bagyenzi Isiah	Ishaka Adventist Hospital	Prepayment Cashier	Bushenyi
202	Mr. Kalisto Tile	Anyeke HCIV		Oyam
203	Mr. Brian Aryatunga Kanyonyozi	Bwindi Community Hospital	CHI Coordinator	Kanungu
204	Mr. Enos Maate	Kagando Hospital	Administrator	Kasese
205	Dr. Odongo Denish	Kuluva Hospital	Coordinator	Arua
206	Dr. Gilbert Mateeka	Rugarama Hospital	Medical Superintendent	Kabale
207	Mr. Kaweesa Augustine	Kasana Health Centre IV	Community Outreach Officer	Luwero
208	Dr. Martin Ruhweza	Healthwise Uganda	Rappotuer	Kampala
209	Ms. Joan E. Mukyala	Healthwise Uganda	Rappotuer	Kampala
210	Mr. Adolf Muhumuza	Healthwise Uganda	Rappotuer	Kampala
211	Hajj Tyaba Abubaker Settumba		Videographer	Kampala
212	Mr. Steven Kakooza		Videographer	Kampala
213	Mr. Abou Kisige	New Vision	Photographer	Kampala
214	Ms. Lillian Namusoke Magezi	New Vision	Editor	Kampala
215	Mr. Mike Sebalu	Radio One / Kaboozi	Reporter	Kampala
216	Ms. Nakuti Aidah	UBC TV	Journalist	Kampala
217	Mr. Mulumba Mathias	Uganda Radio Network	Executive Director	Kampala
218	Mr. Hinamundi Collins	NTV	Reporter	Kampala
219	Mr. Abet Tonny	Daily Monitor	Reporter	Kampala
220	Mr. Mugerwa Emma	Musana FM	Journalist	Luwero
221	Ms. Evelyn Lirri	Social Media	Reporter	Kampala
222	Ms. Charlotte Ninsiima	Social Media	Reporter	Kampala
223	Ms. Vivian Agaba	Social Media	Reporter	Kampala
224	Mr. Umar Weswala	Social Media	Blogger/Managing Editor	Kampala
225	Ms. Patricia Nansamba	Social Media	Reporter	Kampala

Annex 4. Conference Programme

DAY ONE: 13 TH NOV 2019: FIELD VISIT TO LUWERO AREA				
Time	Topic		Moderator	
7:00 am – 7:30 am	Arrival and registration of participants at Imperial Royale Hotel		Ms. Asio Veronica	
7:30 am – 9:30 am	Travel to Luwero District (Convene at Luwero Diocese Guest house)		Ms. Proscovia Nnamulondo	
9:30am – 10:00am	Break tea		Luwero Diocese Guest House	
10:00 am – 1:00 pm	Group 1 (Luwero district): Kakabala community health insurance scheme, and St. Mary’s Kasaala Health Center III. Group 2 (Nakaseke district): Kapeke community health insurance scheme, and Kiwoko hospital Group 3 (Nakasongola district): Kyeyindula community health insurance scheme, and Franciscan Health Centre IV, Kakooge.		Ms. Proscovia Nnamulondo	
2:00 pm – 3:00 pm	Lunch break at Luwero Diocese Guest house		Ms. Asio Veronica	
3:00 pm – 4:00 pm	Community Health Insurance(CHI) in Luwero district, the planned Luwero District-wide CHI Scheme, and the role of the district leadership in scaling up CHI		Dr. Innocent Nkonwa, Luwero District	
4:00 pm – 5:30 pm	Travel back to Kampala		Ms. Proscovia Nnamulondo	
DAY TWO: 14 TH NOVEMBER 2019, IMPERIAL ROYALE HOTEL, KAMPALA				
Time	Topic	Presentations	Speaker(s)	Moderator
8:00am – 9:15 am	Welcome ceremony	Registration of participants		Dr. Ronald Kasyaba,
		Opening prayer		Deputy Executive
		Welcome remarks	Mr. Makaire Fredrick, Executive Director, SHU	Secretary, Uganda
		Field visit feedback report	Groups representative	Catholic Medical Bureau
9:15am – 10:45 am	Key note address	Community health financing initiatives: Moving towards Universal Health Coverage	Presenter: Prof. Freddie Ssengooba; Professor of Health policy and systems management and Director of SPEED for Universal Health Coverage, Makerere University school of public health.	Dr. Andrew Ssemwanga Vice Chancellor, St. Lawrence University
			Discussant: Prof. Yoshwa Dambisya; Director General East Central and Southern Africa Health Community (ECSA-HC)	

10:45am–11:30am	Morning Break			Hotel
11:30am – 12:00pm	Opening ceremony	Uganda and East Africa Anthems		
		Introductory speech	Mrs. Nakimuli Leticia Irumba , Chairperson, SHU Board	Dr. Ronald Kasyaba, Deputy Executive Secretary, Uganda Catholic Medical Bureau
		Official opening speech	Prof. Pamela K. Mbabazi , Chairperson, National Planning Authority. Rt. Hon. Rebecca Alitwala Kadaga Speaker, Parliament of Uganda	
12:00pm – 1:00pm	Community health insurance in Uganda and its future role under the NHIS	Landscape of CHI schemes in Uganda and their role in linking the informal sector to the proposed National Health Insurance Scheme.	PowerPoint presentation: Mr. Makaire Fredrick , Executive Director, Save for Health Uganda	Dr. Elizabeth Ekirapa, Makerere University school of public health.
1:00pm – 2:00pm	Lunch break			Hotel
2:00pm – 4:00pm	Community health insurance in Uganda and its future role under the NHIS	Parallel session 1: Landscape of CHI schemes in Uganda and their role in linking the informal sector to the proposed National Health Insurance Scheme.	Panel Discussion: - Prof. Robert Basaza (Phd), Senior Physician, St. Augustine University - Mr. Alex Ofori Mensah Director for financial resource mobilization and health technology, Christian Health Association of Ghana. - Mr. Walimbwa Aliyi, NHIS Focal person, MOH - Ms. Judy Mugoya, Executive director, SMART Applications	Mr. Bengo Badru Life and pensions Manager, Uganda Insurer's Association
			Session opening/introductory remarks: USAID Representative and Ministry of Trade	
		Parallel session 2: How Health Cooperatives increase access to quality and affordable health care in Uganda	- The Cooperative Health Insurance Model: A solution for reaching the informal sector with health care: Mr. Johnson Andinda - Improving health provider performance and cost recovery through Cooperative Health insurance Provider - Cooperative Girls Centers: A health Coop solution to empowering Girls to change	Ms. Grace Ssali Kiwanuka, Executive Director, Uganda Healthcare Federation

			their lives and communities: Kyabirukwa GCC and One of the Girls Health Cooperative Governance and leadership Key achievements and Lessons: Simple or a Coop Coordinator	
4:00pm – 5:00pm	Integrating Community Health Financing initiatives in other local and national systems and programs to increase uptake and coverage	CHI and Luwero District local health system	Power Point presentation: Dr. Innocent Nkonwa , District health Officer, Luwero district local government	Mr. Tom Aliti Commissioner, Multi-sectoral engagement, Ministry of Health
5:00 PM	Evening Tea and departure			

DAY THREE: 15TH NOV 2019, IMPERIAL ROYALE HOTEL, KAMPALA

Time	Topic	Presentations	Speaker(s)	Session Chair
8:00am – 8:30pm	Registration			
8:30am – 9:00am	Opening	Prayer		Dr. Ronald Kasyaba, Deputy Executive Secretary, Uganda Catholic Medical Bureau
		Recap of Day two	Rapporteur	
9:00pm – 9:30am	Integrating Community Health Financing initiatives in other local and national systems and programs to increase uptake and coverage	How CHI is integrated (planning and implementation) in Uganda’s proposed National Health Insurance Scheme (NHIS)	Power point presentation: Mr. Walimbwa Aliyi NHIS Focal person, Ministry of Health (MOH)	Dr. Partrick Luwagga, Deputy Medical Director, Mengo Hospital
9:30am – 10:00am		Ghana’s experience with integrating CHF initiatives in local and national systems to increase uptake and coverage	Power Point presentation: Mr. Alex Ofori Mensah, Director for financial resource mobilization and health technology, Christian Health Association of Ghana.	
10:00am – 10:30am		Tanzania’s experience with integrating CHF initiatives in local and national systems to increase uptake and coverage	Power Point presentation: Silvery Mgonza NHIF Regional Manager, Mtwara.	
10:30am – 11:00am		Plenary session		
11:00am–	Morning Break			Hotel

11:30am				
11:30am – 1:00pm	Key note address:	Role of leaders at various levels in promoting and supporting implementation of CHF initiatives and the upcoming NHIS for Uganda	Presenter: Prof. John Mugisha , Vice Chancellor, Cavendish University Panel discussion: Dr. Tumwesigye Tonny, Executive Director Uganda Protestant Medical Bureau Mr. Francis Kibuuka Amooti, Chairperson Mubende district Local Government. Miss Namayanja Christine, Chief of party Voucher plus Activity USAID. - Canon David Kabigumira, Chairperson Sheema District	Mr. Opio Douglas, Executive Director, Federation of Uganda employers.
1:00 pm – 2:00pm	Lunch break			Hotel
2:00pm – 3:00pm	Conference outcomes	Presentation of the conference preliminary outcomes	Rapporteur	Dr. Ronald Kasyaba, Deputy Executive Secretary, Uganda Catholic Medical Bureau
3:00pm – 4:30pm	Closing ceremony	Closing speeches	Mr. Fredrick Makaire , Executive director, Save for health Uganda	
			Mrs. Nakimuli Leticia Irumba , Chairperson, SHU Board	
			Prof. Yoswa Dambisya ; Director General East Central and Southern Africa Health Community (ECSA-HC)	
			Hon. Janat Mukwaya , Minister for Gender Labour and Social Development	
			National Anthem and East African Anthem	
4:30 pm			Closing Prayer	
				Hotel and all

END



“National solidarity for equitable access to quality healthcare by all”