



5TH National Community Health Financing Conference

REPORT

NOVEMBER 2020



3rd - Gulu

5th - Mbale

10th - Mbarara

19th - Kampala



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November 2020



Conference Report

CONFERENCE HOST



PARTNERS



Ministry of Health



Ministry of Gender, Labour
and Social Development

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LIST OF ACRONYMS

CBHI	Community Based Health Insurance
CHF	Community Health Financing
CHI	Community Health Insurance
DHO	District Health Officer
FUE	Federation of Uganda Employers
HC	Health Centre
IPD	In-patient Department
LDCHIS	Luwero District Community Health Insurance Scheme
MBUSO	Munno mu Bulwadde Union of Schemes Organisation
MOH	Ministry of Health
MGLSD	Ministry of Gender, Labour and Social Development
NGO	Non-Government Organization
NDP	National Development Plan
NHIS	National Health Insurance Scheme
OOP	Out of Pocket
OPD	Out-patient Department
SACCOs	Savings and Credit Cooperative Societies
SHU	Save for Health Uganda
UCMB	Uganda Catholic Medical Bureau
UDHS	Uganda Demographic Health Survey
UHC	Universal Healthcare Coverage
UIA	Uganda Insurers Association
UPMB	Uganda Protestant Medical Bureau
USAID	United States Agency for International Development
VSLA	Village Saving and Loan Association
WHO	World Health Organization

ACKNOWLEDGEMENTS

Save for Health Uganda held the fifth National Community Health Financing conference amidst fears and restrictions following the COVID- 19 outbreak. At the same time, the country was preparing for general elections, making it a good season to put our advocacy for health insurance on the agenda of those seeking political offices. The decision to have the conference did not come easy considering the activities involved and level of participation in previous conferences. Thankfully, the conference turned out to be very successful at all levels.

I wish to thank every partner that made a contribution towards the success of this conference. I greatly appreciate Bread for the World, Ministry of Health, Ministry of Gender, Labour and Social Development, Uganda Insurers Association and the Federation of Uganda Employers for the financial and other forms of support extended to SHU during the process of organising the conference. I also recognize organisations including Uganda Protestant Medical Bureau and Health Partners Uganda which sponsored some of the participants.

In a special way, I am grateful to the Minister of Health for accepting our invitation as chief guest and to Dr. Olaro Charles who presided over the official opening of the conference meeting in Kampala. In the same vein, I thank district leaders in Gulu, Mbale and Mbarara who graced conference meetings in their respective districts despite the fact that they did not know much about our work.

I would like to thank the keynote speaker, presenters and panel discussants for preparing useful material and information shared with participants. The varied audiences we had at the regional meetings indeed appreciated the conference content.

My appreciation also goes to all conference participants who attended both physically and virtually. Those who attended physically had to bear with all restrictions and safety measures we put in place to prevent the spread of COVI-19 but were glad to participate.

Last but not least, I sincerely thank members of the organizing committee for navigating through all hardships of the season to make the conference a great success.

Thank you very much.



Makaire Fredrick

Executive Director

Save for Health Uganda and Conference Chair

EXECUTIVE SUMMARY

Save for Health Uganda (SHU) is a national non-government organisation (NGO) with a mission to improve the quality of health of Ugandans through community health financing approaches. SHU organises national community health financing (CHF) conferences to advocate for introduction of a universal and fair National Health Insurance Scheme (NHIS) that recognizes CHF as a mechanism for enabling the informal sector to participate. CHF is a mechanism for health risk and resource pooling where communities voluntarily set aside a pool of funds for paying health care bills whenever they fall sick, hence reducing out-of-pocket payments for healthcare services. The conferences held with funding from Bread for the World and in collaboration with the Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MGLSD), and other partners bring together promoters and members of CHF schemes, policy makers, healthcare providers, civil society actors and other stakeholders in health and social protection sectors.

The fifth CHF conference was structured into three regional meetings held in Gulu at Bomah Hotel, Mbale at Wash and Wills Hotel, and Mbarara at Hotel Triangle on 3rd, 5th and 10th November respectively, culminating in a central level meeting at Sheraton Kampala Hotel on 19th November 2020. At each of these meetings, there were face to face live and virtual sessions (broadcast via a live zoom link and facebook).

A total of 242 participants from 35 districts physically attended the four conference meetings while hundreds followed events online due to restrictions on large gatherings to prevent the spread of COVI-19. Participants came from varied sectors including parliament, government ministries and departments, religious institutions, CHI promoters, local authorities, healthcare providers, the civil society, academia, farmers' institutions and business community, among others.

The conference theme was, *'Towards Universal health Coverage in Uganda: increasing demand for community health insurance to reach informal sector workers for the proposed National Health Insurance Scheme'*. The overall conference objective was *'To establish opportunities for scaling up community health insurance and generate practical ways to reach informal sector families for the proposed national health insurance scheme'*. The Specific conference objectives were:

- a. To share experiences of community health financing initiatives and prospects of scaling up community health insurance in Uganda.
- b. To promote health insurance initiatives in Uganda.
- c. To examine alternative approaches to guide enrolment of the informal sector into the proposed national health insurance scheme.

In his welcome remarks at each of the four meetings, SHU Executive Director, Mr Makaire Fredrick, highlighted the achievements realised from the conferences so far held: recognition of CHF among some policy makers; support for CHF from local government leaders; public calls for health insurance for the informal sector; expansion of CHF to more parts of the country particularly the north and east; technological innovations to advance CHF; and increased interest in the process of developing and introducing a universal health insurance scheme in Uganda. He reiterated the expected outcome of the 5th conference as commitments by participants to promote CHF in their communities, demand for the NHIS, and feasible approaches for enabling the informal sector to enrol into the NHIS.

At the opening ceremonies, the Chairperson SHU Board of Directors, Ms. Leticia Nakimuli Irumba, informed participants that SHU decided to reach out to local government and civil society leaders in the regions with information on CHF so that they mobilise their people to address the financial challenges they face while accessing healthcare due to lack of cash at the time of illness. She

appealed to them to embrace the opportunities available and support initiatives to establish and scale up CHI in their districts.

Regional meetings were officially opened by the respective district chairpersons; Mr. Ojara Martin Mapenduzi - Gulu, Mr. Mayatsa Joram - Mbale Vice Chairperson, and Mr. Tumusiime Bamuturaki - Mbarara. Other district chairpersons who attended the meetings were Canon David Kabigumira from Sheema and Mr. Besigye Patrick Kaihwa from Kabale, who is also the Vice Chairperson of Uganda Local Government Association (ULGA). In their remarks, district leaders decried the high burden of contributing towards healthcare bills of their constituents who frequently approach them for support after failing to get treatment or clear medical fees due to lack of money. They pledged to support efforts to introduce prepayment initiatives in their areas and advocate for the NHIS.

The Chief Guest at the meeting in Kampala was the Minister of Health who was represented by Dr Olaro Charles, the Director Clinical Services in the Ministry of Health. In the speech read by Dr. Olaro, the Minister commended CHI promoters for spearheading the transition from out-of-pocket (OOP) payments at health facilities to health insurance. She added that the country had embarked on implementing the first year of the third National Development Plan where one of the planned interventions was improving health insurance coverage from 2% to 25%.

At the same meeting, the chairperson of the Health Committee of Parliament Hon. Dr. Michael Bukenya recounted the progress made on the NHIS bill since its presentation to Parliament in August 2019. He noted that key concerns among stakeholders regarding the bill were fears of corruption, quality of services and equity for which solutions had been proposed and the plan was to have the bill passed before the term of office of the current Parliament expires in May 2021.

Presentations and discussions were structured around three subthemes namely; 1) Health insurance initiatives in Uganda; 2) Scaling up community health insurance in Uganda and 3) Targeting informal sector workers and indigents for NHIS. Several topics were derived from the sub themes and delivered as presentations, panel discussions and key note address.

Mr. Ramathan Ggoobi, a lecturer and economist at Makerere University Business School (MUBS) made the keynote presentation at the meeting in Kampala focusing on ‘Enrolment of informal sector workers into the NHIS: opportunities, challenges and recommendations’. He noted that nine out of ten Ugandans working outside agriculture work in the informal sector which constitutes 55% of Uganda’s economy. He advised framers of the NHIS not to view the informal sector as a homogenous group but instead consider characteristics of the sub groupings such as street vendors, boda boda, food vendors, etc.

Under the sub-theme of health insurance initiatives in Uganda, three PowerPoint presentations were made at regional meetings. The presentations were: 1) Health insurance initiatives in Uganda: their benefits, challenges and opportunities; 2) History and performance of CHI schemes in Uganda; and 3) Benefits of the National Health Insurance Scheme. The three presentations were intended for participants in regional meetings to get a rich context of the subject of health insurance in Uganda. In Kampala, one presentation was made focusing on preparations for introduction of the NHIS in the last 12 months followed by a panel discussion on the same. The key issues that emerged from the presentations and discussions under this sub-theme were:

- Participants decried the low public awareness on health insurance in general and its benefits. They called upon the MOH to put up a mechanism for educating communities about health insurance.
- Some participants requested SHU to support them to start up CHF initiatives.
- Participants wondered whether the government of Uganda was willing to support health insurance initiatives.

- Participants had concerns about how the NHIS bill caters for people in the formal and informal sectors;
- There were concerns about how the government intends to regulate private healthcare providers who could potentially inflate costs and make the NHIS unsustainable.
- Many participants felt that the NHIS bill had taken too long in Parliament and wondered what needed to be done to expedite its enactment into law. Some proposed that the government should be pressurised through members of parliament to pass the bill.
- Participants called for ensuring that the NHIS includes and protects the vulnerable in the community and integrates members enrolled in the CHI schemes.
- They also made proposals about involving the office of the Inspector General of Government (IGG) and the Ministry of Ethics and Integrity to check corruption. Many indicated that the bill needed to have more tough punitive measures against those convicted of misuse of the NHIS fund.

The second sub-theme of scaling up community health insurance in Uganda was handled only at regional meetings under two topics: 1) Practical experiences of community health financing initiatives in Uganda; and 2) opportunities for scaling up community health insurance. These were intended to share experiences on scaling up CHI and explore opportunities for expanding it to more areas as well as increase uptake where it exists. An experience was shared about how partnership between a microfinance institution (MFI) and Munno Mu Bulwade Union of Schemes Organisation (MBUSO) in Luwero district boosted membership in the CHI schemes and reduced costs of enrolment. Discussants in panels in the three regions used experiences from their institutions to identify opportunities for integrating CHI in existing initiatives. The issues emerging from the discussions were:

- Most categories of the population in the regions faced challenges in accessing healthcare ranging from long distances to health facilities to lack of cash to pay medical bills;
- The concept of health insurance was still obscure to local people in the communities;
- A few NGOs were attempting to start CHI initiatives in the northern and eastern regions but high poverty levels made it difficult for people to raise money for premium. Majority of the people are subsistence farmers;
- There were requests by participants in Gulu to pay a visit to MBUSO and learn more with a view to adopting the same model.
- In both Mbale and Gulu, participants wanted to learn more about how the premiums were determined and also requested to have SHU/MBUSO visit them and provide technical support to kick start CHI in the regions.
- Participants identified cooperative societies, farmers group, burial groups, SACCOs and periodic clan meetings as opportunities for mobilizing communities to embrace CHI.
- They called upon SHU to go back to the Attorney General and seek approval of Luwero District CHI Ordinance.

The third sub-theme of ‘targeting informal sector workers and indigents for NHIS’ was handled only at the meeting in Kampala. The topic under this sub-theme was, ‘Strategies for reaching informal sector workers for NHIS’. A panel discussion focused on the opportunities, challenges and recommendations for enrolling informal sector workers into the NHIS. A presentation by the MGLSD showed how to identify the poor and indigents to enrol into NHIS. The key issues from the discussions were:

- Strategies to reach the informal sector should be multipronged targeting farmer groups and other organised informal sector groups and entering into partnership with digitalization by Uganda Communications Commission (UCC).
- The MGLSD should consider using part of the money given to the elderly in the Social Assistance Grant for Empowerment (SAGE) program as their premium contributions for CHI.
- Luwero district has plans to ensure vigorous district wide sensitization and mobilization targeting all groups of informal sector workers using the satisfied beneficiaries of CHI schemes as examples.
- The cooperative model is one key way by which the informal sector can be reached. CHI schemes should register as cooperatives under the Ministry of Trade, Industry and Cooperatives for them to be formalised.

The conference resolutions were presented by Mr Makaire Fredrick and are outlined here below;

1. Participants will work within their respective organizations to take steps towards establishing CHF mechanisms where they don't exist by taking advantage of existing opportunities in form of burial groups, VSLAs, SACCOs, etc in the areas where they operate.
2. SHU with partners and stakeholders will set up a CHI coordination mechanism to provide technical support and learning opportunities for experience sharing.
3. SHU pledged to be available to provide technical support to partners in establishing CHI schemes.
4. SHU and partners will follow up with local governments and Uganda Local Governments Association (ULGA) to support, strengthen and scale up CHI and push for the passing of the NHIS Bill into law.
5. SHU and partners will continue advocating for enactment of the NHIS Bill into law and push for one NHIS fund that covers informal sector and indigents who may be enrolled through CHI.
6. Key issues and evidence on targeting the informal sector, the poor and indigents presented during the conference will be captured and documented into a position paper which will be presented to the Health Committee of Parliament
7. SHU and partners will follow up with the Solicitor General to review the Luwero District CHI Scheme Ordinance given the delays to enact the NHIS law and other districts to follow suit in case the Luwero ordinance is passed.

The conference was closed by the SHU Board Chairperson, Ms Leticia Nakimuli. She reiterated the importance of every life and step in the direction of improving CHF.

1.0 Introduction

Save for Health Uganda (SHU), is a national NGO with a mission to improve the quality of health of Ugandans through community health financing approaches. SHU has, for five years, organised conferences which bring together promoters and members of Community Health Financing (CHF) schemes, policy makers, healthcare providers, civil society actors and other stakeholders in health and social protection sectors. The conferences provide a platform to advocate for introduction of a universal and fair National Health Insurance Scheme (NHIS) that recognizes CHF as a mechanism for enabling the informal sector to enroll for health insurance. They have been held 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. A number of achievements have been realized from the conferences including: recognition of CHF among some policy makers; support for CHF from local government leaders; public calls for health insurance for the informal sector; expansion of CHF to more parts of the country particularly the north and east, among others. This report provides a synopsis of the proceedings of the fifth conference.

1.1 Conference theme , objectives and topics

Theme: Towards Universal Health Coverage in Uganda: increasing demand for community health insurance to reach informal sector workers for the proposed National Health Insurance Scheme.

Overall objective: To establish opportunities for scaling up community health insurance and generate practical ways to reach informal sector families for the proposed national health insurance scheme.

Specific objectives:

- a. To share experiences of community health financing initiatives and prospects of scaling up community health insurance in Uganda.
- b. To promote health insurance initiatives in Uganda.
- c. To examine alternative approaches to guide enrolment of the informal sector into the proposed national health insurance scheme.

Subthemes and topics

Table 1: Conference subthemes and topics

Subtheme 1: Health insurance initiatives in Uganda	
Topics	(a) Basics and benefits of health insurance (b) The journey of community health insurance in Uganda (c) The proposed National Health Insurance Scheme
Subtheme 2: Scaling up community health insurance in Uganda	
Topics	(a) Practical experiences of community health financing initiatives in Uganda (b) Opportunities for scaling up community health insurance
Subtheme 3: Targeting informal sector workers and indigents for NHIS	
Topics	(a) Strategies for reaching informal sector workers for NHIS. (b) Approaches for identifying and enrolling the poor into the NHIS

1.3 Conference structure

Unlike in the past where conference events were centralised, the fifth CHF conference was structured into three regional meetings in Gulu at Bomah Hotel, Mbale at Wash and Wills Hotel, and Mbarara at Hotel Triangle on 3rd, 5th and 10th November respectively culminating in a central level meeting at Sheraton Kampala Hotel on 19th November 2020. For each of the regional meetings,

there were face to face and live virtual sessions (live streaming via zoom and facebook) which enabled physical presence of a limited number of people due to restrictions on large gatherings to prevent the spread of COVID-19, but allowed online participation of more stakeholders. The meetings had a common message which was organized along the three subthemes namely; 1) Health insurance initiatives in Uganda; 2) Scaling up community health insurance in Uganda and 3) Targeting informal sector workers and indigents for NHIS. Sub theme one and two were exhaustively addressed in the regional meetings; at the central level meeting in Kampala, key highlights of each of the two sub themes addressed at the regional meetings were shared in addition to the third sub theme which became the main stay for the deliberations.

1.4 Participants

Conference organizers invited experts in health financing, service delivery and social protection to make presentations and give perspectives on different topics. Participants came from varied sectors including parliament, government ministries and departments, religious institutions, CHI promoters, local authorities, healthcare providers, the civil society, academia, farmers' institutions and business community, among others. A total of 242 participants from 35 districts physically attended the conference.

Table 2: Conference participants who physically attended each meeting and the districts they came from

Location	Number of participants	Districts represented
Gulu	47	Gulu, Kitgum, Lamwo, Nwoya, Pader, Amuru, Omoro, Nebbi, Oyam, Luwero and Kampala.
Mbale	52	Mbale, Namisindwa, Manafwa, Bududa, Palisa, Budaka, Kibuku, Bukedea, Bulambuli, Sironko, Luwero, Kampala.
Mbarara	70	Mbarara, Bushenyi, Mitooma, Kabale, Sheema, Kasese, Kanungu, Ibanda, Isingiro, Ntungamo, Buhweju, Luwero, Kampala.
Kampala	73	Kampala, Luwero, Gulu, Nakaseke, Nebbi, Kasese, Mbarara, Wakiso.



A group photo of conference participants at Wash and Wills Hotel, Mbale, on 5th November, 2020.

1.2 Country Context

For nearly two decades, the Government of Uganda has been providing free (tax funded) health services at the point of care in public health facilities (except in private wings of hospitals). The share of the health sector in the national budget is 6.2% (Budget Speech 2019/20) way below the 15% Abuja declaration target. According to the National Health Accounts, 2017, households' out-of-pocket (OOP) expenditure on health constitutes 41% of total health expenditure way above the 20% ceiling recommended for adequate household financial protection.

The Uganda National Household Survey 2016/17 indicated that 21.4% of the population, representing 8.1 million people, were living below the poverty line and that 3% (an equivalent of 1,504,000 people) of the population is driven into poverty due to OOP payments. Only 2% of the population has health insurance cover. This situation makes a significant proportion of Ugandans to remain adversely affected by ill-health. In June 2019, cabinet endorsed the bill for a universal NHIS which is anchored in the Uganda Vision 2040, the National Development Plan II, the Health Sector

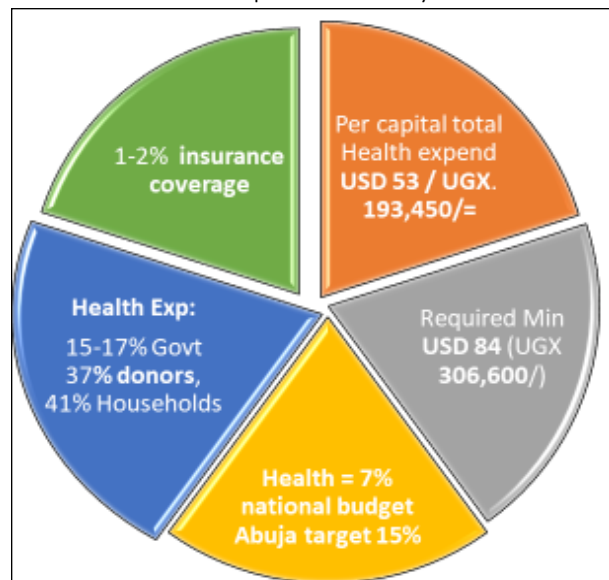


Fig 1: Selected health financing statistics in Uganda

Development Plan 2015/2016 – 2019/2020, and the National Social Protection Policy, 2015, among others. The NHIS bill, 2019, was presented to Parliament in August 2019 but is yet to be debated and passed into law. There is a general sense that this process has been slow and there are calls to expedite it.



A group photo of conference participants at Hotel Triangle, Mbarara, on 10th November, 2020.

2.0 Welcome remarks and official opening

2.1 Welcome remarks

Each meeting started with self introductions and a prayer after which Mr Makaire Fredrick, SHU Executive Director, gave the welcome remarks. He thanked participants for making it to the meetings noting that only 50 had been targeted for physical attendance per location with others following the discussions online.



Mr. Makaire Fredrick

He recognized participants in their various capacities, notable among them were political and religious leaders. The presence of the leaders demonstrated a strong passion to help their people access quality healthcare and receive protection from financial catastrophes associated with healthcare payments. The regional meetings were also graced by academicians that included Prof David Okello Owiny, the Deputy Vice Chancellor of Gulu University, Mr. Ilukor Geresom, Principal School of Hygiene Mbale, and Prof. Charles Kazooba Tushabomwe, Deputy Vice

Chancellor, Mbarara University of Science and Technology. In Kampala, Mr. Makaire recognized Members of Parliament who included Hon. Dr. Michael Iga Bukunya (Bukuya County), also Chairperson of the Health Committee of Parliament, Hon. Ssembatya Edward (Katikamu South), Hon. Baseke Fred (Ntenjeru South) and Hon. Arinda Gordon (Bushenyi Municipality). They were accompanied by a team of five technical staff of parliament.

He appreciated the conference partners including Bread for the World, Ministry of Health (MOH), Ministry of Gender Labour and Social Development (MoGLSD), Federation of Uganda Employers (FUE), Uganda Insurers Association (UIA), Uganda Protestant Medical Bureau (UPMB) and Uganda Catholic Medical Bureau (UCMB), among others.

Mr. Makaire gave a brief overview of SHU and highlighted the achievements of the past four (4) conferences which included recognition of CHF among some policy makers; support for CHF from local government leaders; public calls for health insurance for the informal sector; expansion of CHF to more parts of the country particularly the north and east; technological innovations to advance CHF; and increased interest in the process of developing and introducing a universal health insurance scheme in Uganda. He gave a description of how CHI schemes work and distinguished them from saving schemes in that for CHI, peoples' contributions become part of a pool and do not belong to individuals; when members fall sick, the pooled funds are used to pay for their healthcare irrespective of the amount one contributed.

He decried the slow process of enacting the NHIS bill into law and lack of universal health insurance in Uganda while most countries in the region were already making progress. He pointed out that SHU and other actors advocate for a universal NHIS that explicitly indicates how the informal sector, the poor and indigents will be enabled to enrol in the scheme, and recognises CHF as a mechanism for enabling the informal sector to enrol for health insurance.

"People should contribute according to their capacity and then access services basing on their needs. We recommend one (NHIS) fund where all of us from different backgrounds are included so that there is cross subsidization between the rich and the poor, the healthy and the sickly" Mr. Makaire Fredrick.

2.2 Official opening of the conference

2.2.1 Official opening of regional meetings

The opening ceremony at each of the regional meetings was presided over by the respective District Chairperson; Mr. Ojara Martin Mapenduzi for Gulu, Mr. Mayatsa Joram, Mbale District Vice Chairperson, and Mr. Tumusiime Bamuturaki for Mbarara. Other district chairpersons who attended the meetings were Canon David Kabigumira from Sheema and Mr. Besigye Patrick Kaihwa from Kabale, who is also the Vice Chairperson of Uganda Local Government Association (ULGA).

The Chairperson SHU Board of Directors, Ms. Leticia Nakimuli Irumba, kicked off each opening ceremony by laying out SHU's desire to stop the narrative of people dying at home, illnesses advancing into complications, incomplete doses, self medication, people selling off personal assets and many other negative situations which arise due to lack of cash at the time when sickness strikes. She informed participants that SHU wished to have leaders and civil society actors become aware of the plight of the people regarding financial access to health care, embrace the opportunities available through CHI and support initiatives to establish and scale up CHI within their respective districts. In addition, conference organizers wanted local government leaders to be aware of the opportunity being availed through the NHIS bill in parliament and advocate for its enactment into law.

In his remarks at the opening of the meeting in Gulu, the Deputy Vice Chancellor of Gulu University Associate Prof David Okello Owiny observed that Uganda's health sector has been growing slowly. He said the only way to accelerate growth in the health sector is to mobilise people to contribute through universal health insurance. He said there were structures in the region which could be used to promote health insurance such as farmers' associations, savings groups, and SACCOs. He pledged to work with SHU to incorporate health insurance messages in the university's community outreach programs. He urged participants to embrace the idea of health insurance to avoid disadvantaging people in the region.



L-R: Dr. Yoweri Idiba, District Health Officer Gulu, Mr Ojara Martin Mapenduzi, Gulu District Chairperson, Prof David Okello Owiny, Deputy Vice Chancellor, Gulu University, Mr. Makaire Fredrick and Ms Leticia Nakimuli Irumba, SHU Board Chair at the opening of Gulu Conference meeting.

While opening the meeting in Gulu, the District Chairman, Mr. Martin Ojara Mapenduzi, said the COVID-19 outbreak showed how unprepared the country's health system was and it should be a lesson to the government to invest meaningful resources that will enable the health sector to provide the services citizens need to be healthy. He pointed out that every village in Gulu has more than one savings association which could be taken advantage of to introduce health insurance in the district. He said last year, savings groups collected money ranging from Ugx4 million to Ugx 400million each; it is important to penetrate these groups and teach them how to plan well for their savings. He pledged commitment to work with SHU to further the discussion and make health insurance work. He asked the district technical team to get the necessary information that could enable the people of Gulu to embrace health insurance. He was saddened by the large number of people who fail to pay medical bills and run to politicians for rescue. He concluded that there was no way citizens could run away from the responsibility of taking care of their health much as the government also had a duty to promote good health.

Mr. Mayatsa Joram, the Mbale District Vice Chairperson, who opened the meeting in Mbale observed that citizens especially in the informal sector should be educated about developing a saving culture and the benefits of health insurance so that they demand for the NHIS law. He emphasized that sensitization of the informal sector should be continuous so that health insurance is not imposed on people but it is demand – driven basing on correct information. Mr. Mayatsa added that leaders and promoters of health insurance need to explain and give examples to the people about its benefits so that the NHIS bill is a demand by the people. He urged participants to collectively embrace health insurance in the region.



“The other day, I was arguing with my wife. I said I have been sick with a certain disease before I married you but I am still around. She asked, ‘how did you manage’! I said I kept some money. When I am sick, they prescribe and I go buy some drugs. I am now over 70 years because a saving policy for my life is already there,” **Mr. Mayatsa Joram, Mbale District Vice Chairman.**

Mr. Tumusiime Bamuturaki, the District Chairman for Mbarara, opened the meeting in Mbarara and noted that majority of the people at the local level could not access medical care because even government health facilities were overstretched. He called upon leaders to be at the forefront of mobilising communities to join health insurance. He added that if neighbouring countries were doing it, even Uganda could do the same. He revealed that local government leaders in the western region formed an association so that they can speak with one voice and were going to include health insurance on their agenda. He pledged total commitment towards supporting CHF and the NHIS bill so that health insurance is realised in the country.



L-R: Prof. Charles Tushabomwe, Mr. Makaie Fredrick, Mr. Tumusiime Bamuturaki and Ms. Leticia Nakimuli Irumba.

Health is very costly. But if it is very costly, what should we do? Should we sit back and look on? I say no. To get what we expect from health facilities such as respect, quality treatment and good outcomes, we have to give something. It is important that we mobilise communities to make their contribution,” **Prof. Charles Tushabomwe Kazooba, Deputy Vice Chancellor, Mbarara University of Science and Technology.**

2.2.2 Official opening of Kampala meeting

The opening ceremony was presided over by the Minister of Health who was represented by Dr. Olaro Charles, the Director of Clinical Services in the Ministry of Health. His speech was preceded by remarks by the Chairperson of the Health Committee of Parliament, Hon. Dr. Michael Bukenya.

i) Remarks by the Chairperson of the Health Committee of Parliament

Hon. Dr. Michael Bukenya updated participants on the status of the NHIS Bill since it was tabled in Parliament in August 2019 following his request to take leave of Parliament and draft a private members' bill in February 2019. He reported that the health committee of Parliament had undertaken nationwide consultations with more than 90 percent of stakeholders welcoming the bill.



Dr. Michael Bukenya

He noted that key concerns among stakeholders were fears of corruption, quality of services and equity for which the committee proposed solutions. He reassured the meeting that they had conducted benchmarking visits to Kenya and Tanzania and the general thinking was that Uganda had the best framework for implementing the NHIS.

He further stated that although midway through the consultations there were clutters that cabinet was not comfortable with the bill, it did not formally withdraw it from Parliament. He confirmed that the committee report was ready awaiting consultations with the Health Minister and then be presented in parliament before the expiry of the term of the 10th Parliament.

ii) Opening Remarks by the Chief Guest

Dr. Charles Olaro read the Health Minister's speech in which she appreciated the role played by SHU and partners in organizing national CHF Conferences and mobilizing stakeholders to participate actively. The Minister noted that this was an opportunity to share views on how best to address health financing challenges. She appreciated MOH and MGLSD for accepting to work with SHU in holding the conference. She acknowledged that although there were improvements in health services such as reduced maternal and child mortality, persistent high out of pocket payments of up to 40% and high poverty levels at 21.4% made the conference theme very important and pertinent within the health financing landscape. She reiterated the commitment of MOH to support SHU having demonstrated capacity to mobilize communities into CHI in an effort to advance Universal Health Coverage (UHC). She further noted that the country had embarked on implementing the first year of the third National Development Plan where one of the planned interventions was improving health insurance coverage from 2% to 25%. She recognized the fact that one precondition for UHC was reducing OOP payments on healthcare. She hoped that people would have a better understanding of how health insurance works through enrolling in CHI. She commended CHI promoters for spearheading the transition from OOP to health insurance. She expressed confidence that conference resolutions would provide the impetus needed to eliminate OOP healthcare expenditure.



Dr. Charles Olaro

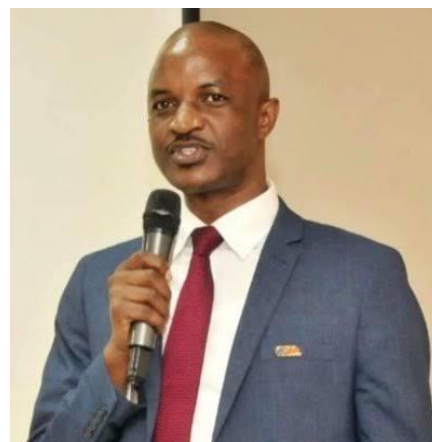
3.0 Presentations and Discussins

Conference proceedings were structured around specific subthemes and topics derived from the theme. Thus, this section is organised according to the conference subthemes and topics to show the deliberations and outcomes around each of them.

3.1. KEYNOTE ADDRESS

Mr. Ramathan Ggoobi, a senior lecturer and economist at Makerere University Business School (MUBS) delivered the keynote address focusing on the theme of the conference: ‘Towards Universal Health Coverage in Uganda: increasing demand for community health insurance to reach informal sector workers for the proposed National Health Insurance Scheme’. The session was chaired by Dr. Felix Kaducu, Dean of Faculty of Medicine, Gulu University.

Mr. Ggoobi noted that nine out of ten Ugandans working outside agriculture get livelihood from the informal sector which constitutes 55% of Uganda’s economy. The informal sector emerged during the economic war in the 1970s and blossomed with Structural Adjustment Programs (SAPs) in early 90’s when government was advised to privatize public enterprises. He added that the Informal Sector Survey conducted in the districts of Kampala, Mukono and Wakiso by Uganda Bureau of Statistics (UBOS) showed that informal sector workers were largely concentrated in non-tradable services; retail trade and transport – 56% (boda boda, taxis), restaurant and bars - 26%, manufacturing -13% and agriculture - 4%. Street Vendors constituted the largest subgroup in the informal economy.



Mr. Ggoobi Ramathan

He further noted that most informal sector workers are women but men and children are more mobile and visible. Most informal sector traders have primary education and below though younger traders have higher education. They work 8 – 12 hours per day with men working more than women. Most informal sector workers are married and support large families and majority use household savings as the source of funding for business. Their method of saving was keeping money at home in secret places, not in formal financial institutions.

Mr. Ggoobi said enrolment of such categories of the population in health insurance was influenced by three factors, namely: health conditions; family and peers (health conditions among this circle); and existing knowledge and experience. In countries where the state heavily subsidizes healthcare, enrolling the informal sector in NHIS is cumbersome whereas in countries where it is not subsidized people feel vulnerable and face high costs of healthcare thus decisions to join NHIS are easier and faster.

He further pointed out that informal sector workers have higher attachment to families than formal ones; they rely a lot on what families or peers are doing implying that initiatives to get the informal sector enrolled into NHIS need to target family setting and influence decision making by family heads. Regarding existing knowledge and experience, he noted that where people are educated about the importance of insurance and have seen practical benefits, uptake of NHIS may be faster while the reverse holds true. He commended SHU for cultivating a culture of solidarity and saving for health at lower levels.

Mr. Ggoobi pointed out the necessary conditions for enrolment of the informal sector:

- Promoters of NHIS should not view informal sector as a homogenous group; there is need to review individual characteristics of the sub groupings such as street vendors being different from kiosk owners, boda bodas, food vendors, etc.
- Take into consideration regional economic and social characteristics; for instance, informal sector workers in the city should not be treated the same way as those in rural areas.
- Take into account demographic characteristics and systems; women appreciate enrolment into NHIS more than men and similarly, perspectives of old and young men differ.
- Understand the belief systems – highly religious communities enrol less in CHI because they have their recourse in God.

He further noted that there were opportunities that could be exploited to enhance enrolment of informal sector groups. They are:

- People respond to incentives more than anything else including coercion;
- Informal sector workers take up health insurance if well explained and correctly priced and packaged to fit their needs;
- CHI is an effective way to enrol informal sector workers –CHI helps to circumvent the limited fiscal space for funding universal health insurance scheme given the very ambitious government programs such as infrastructure which lock up money in long term projects;
- In China, Thailand, Kenya and Ghana, health insurance compliance rate by informal sector is higher than that of formal workers. Leveraging on social networks can lead to higher compliance;
- NHIS is likely to lead to better coverage of social welfare because the average willingness to pay is higher than estimates of the average cost of 'basic health insurance (BHI);
- Adverse selection is unlikely if basic health insurance is offered to informal sector workers. Formal workers tend to look for insurance when they have confirmed illnesses. This is unlikely in the informal sector due to low premiums and influence of group dynamics in enrolment.

Mr. Ggoobi pointed out some challenges that prevent informal sector workers from registering for NHIS:

- Lack of accurate data on informal sector workers leads to exclusion error.
- High number of non-poor hiding in informal sector
- Administrative difficulties in recruiting and collecting contributions – digitization can help e.g. mobile money
- Price of premiums and unstable income
- Lack of best practices to learn from
- Health risks leading to adverse selection
- Low knowledge and awareness of insurance
- Religious beliefs about causes of diseases may hinder enrolment

He made the following recommendations:

- Flexibility in applying for government subsidy –people should contribute to their healthcare or receive subsidies basing on their incomes;
- Intensive promotion of insurance literacy;
- Expanding the quantity and quality of healthcare services;
- Tailor made policies for ensuring sustainability of premium payments – disaggregate policies according to informal sector worker activities;
- Make the enrolment procedures simple for people to understand.

3.2 Subtheme 1: Health insurance initiatives in Uganda

Three topics were handled under this subtheme namely: a) Basics and benefits of health insurance initiatives; b) the journey of community health insurance in Uganda; and c) the proposed National Health Insurance Scheme. The table below shows the presentations made under each topic and the locations. Each presentation was accompanied by a plenary discussion.

Table 3: Presentations per topic and location

Topic	Presentation title	Location
a) Basics and benefits of health insurance initiatives.	Health insurance initiatives in Uganda, their benefits, challenges and opportunities.	Regional meetings
b) The journey of community health insurance in Uganda	History and performance of CHI schemes in Uganda.	Regional meetings
c) The proposed National Health Insurance Scheme	Benefits of the NHIS	Regional meetings
	Preparations for the introduction of the NHIS in the last 12 months.	Kampala meeting

3.2.1 Basics and benefits of health insurance initiatives

Presentation: *Health insurance initiatives in Uganda, their benefits, challenges and opportunities.*

Presenter: *Ms Juliet Nazibanja Kibirige, Programs Officer, Save for Health Uganda.*

Session chairs:

Gulu – Mr. Omony John Bosco, Coordinator, Pabbo Save the Orphans Association

Mbale – Mr. Magomu Ibrahim, Program Manager, Bugisu NGO Forum

Mbarara – Sr. Ephrance Nuwamanya, CEO, Bushenyi Integrated Rural Development (BIRD) Program

Ms Nazibanja Juliet gave an account of what health insurance is about, its meaning, types and benefits plus the challenges and existing opportunities for CHI in Uganda. She defined health insurance as a system that pays the costs of health care for those who are enrolled to improve access to health services. It avoids direct payment of fees by patients and spreads the financial risk among all the insured. She noted that it can be voluntary which is taken up at the discretion of individuals or employers on behalf of individuals or mandatory where enrollment is compulsory for all members of a given population.

Ms Nazibanja gave examples of mandatory health insurance such as Ghana NHIS, Rwanda NHIS and the proposed NHIS for Uganda. These systems are financed by: legally mandated compulsory contributions or by taxes under provisions specified by legal statute.



Ms. Juliet Nazibanja Kibirige

She further noted that CHI is a type of voluntary health insurance, which is defined by the World Health Organization (WHO) as a prepayment mechanism where a community or group of people who share common characteristics pool health risks and funds. She stated that there are three types of CHI schemes, that is, member managed, provider managed and third party managed. The three types of CHI schemes can be differentiated by ownership, management and where they are based. Third party-managed scheme is neither managed by the insurer nor by the insured. A group of people can choose to contract an individual or company and trust it with their insurance fund. So, the scheme is managed by a third party as the name suggests. Usually the risk is either borne by the insured or the scheme manager depending on the negotiations between the two parties. For member managed schemes, community members run

their scheme. Examples of these are the CHI schemes created by SHU in Luwero and Bushenyi which were founded on principles of solidarity and mutual help. She added that the mode of premium payment is by self-contributions based on the benefit package. Ownership is by the community and usually, membership is voluntary.

Regarding provider managed schemes, Ms. Nazibanja said the service provider has an arrangement of insuring some categories of people depending on their objectives. The management of funds is by the service provider and the risk is borne by the healthcare provider. She gave the example of Kisiizi Hospital scheme, in Rukungiri district.

She pointed out some of the challenges that schemes face

including low awareness and knowledge leading to low response, poor saving culture sometimes originating from poverty, absence of a supportive policy, and uneven distribution of health facilities especially in the remote areas, among others. She outlined opportunities that existed which include presence of over 33 promoters with more than 57 CHI schemes in Uganda and other private commercial insurance companies, existence of organized community development initiatives country-wide e.g. SACCOs, village savings and loan associations (VSLAs), farmers associations, etc.

The presentation stimulated a lot of discussion and the key issues raised in the regions include;

- In Gulu, participants wondered why it had taken so long for them to get such information, thanked SHU for reaching out to them and requested for continuity of the program.
- Some participants in Gulu requested SHU to support them to start up similar initiatives.
- Participants in Mbale wanted to know a step by step guide on how to establish CHI schemes.
- Participants wondered whether the government of Uganda was willing to support health insurance initiatives.
- In Mbarara, they decried the low public awareness on health insurance in general and its benefits. They called upon the MOH to put up a mechanism for educating communities about health insurance.

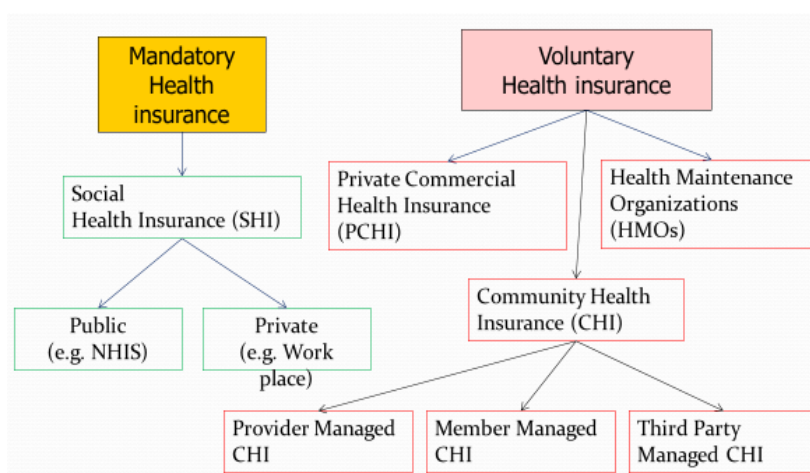


Fig 1: Types of health insurance

"This conference in an eye opener for the eastern region. It is now upon us to think beyond our nose and see how to look at life as an asset. Initiatives such as burial groups exist ... I wish people can think of saving money to access quality health services instead of burials," Participant in Mbale.

3.2.2 The journey of community health insurance in Uganda

Presentation: History and performance of CHI schemes in Uganda.

Presenter: Dr. Ronald Kasyaba, Assistant Executive Secretary, Uganda Catholic Medical Bureau.

Session chairs:

Gulu – Mr. Omony John Bosco, Coordinator of Pabo Save the Orphans Association

Mbale – Canon Boaz Aruho Mbagaya, Managing Director, Mbale People's Hospital

Mbarara – Dr. Mwesigye Edward, District Health Officer, Bushenyi

Dr. Ronald Kasyaba, took participants through the journey of CHI in Uganda since it was born in 1996 in Kisiizi Hospital, Rukungiri district. It arose out of a need by the hospital to help communities pay for healthcare instead of accumulating huge debts and pledging family assets such as bicycles.

"I remember as a young medical student at Kisiizi hospital in 1998, I found many bicycles and goats left by patients after failing to pay their bills...but as you know, Kisiizi and other faith-based hospitals are not there to impoverish households but to provide healthcare" Dr Ronald Kasyaba.



Fig 2: An illustration showing the Journey of CHI in Uganda

Dr Kasyaba noted that there had been a mixed picture of CHF initiatives: some closed after a few years of operation, while others have increased in membership, changed management approaches, scope and benefits coverage. In addition, there is no clear regulatory/policy framework for CHI schemes hence their registration as community based organisations (CBO) at districts, NGOs or cooperatives. He cited one success story of the Community Health Insurance Scheme Ordinance passed by Luwero District Council in November 2017 which was intended to promote and regulate CHI in the district only to be rejected by the Attorney General for fear of duplicating the proposed NHIS.



Dr. Ronald Kasyaba

He gave an assessment of the performance of CHI in Uganda using the WHO framework and other related assessment tools basing on three parameters: member

enrolment, financial risk protection, and health service Utilisation (accessibility). Based on this, he noted that: member enrolment rates were generally low (low population penetration rates)—e.g. Kabale Diocese CHI scheme (KDCHIS) reported rates between 7–12%; there were also low membership renewal rates e.g. 60–75% for KDCHIS, depending on seasons, which is below the International benchmark of 80%. He noted that pre-payment ratio is commonly used to gauge the financial risk protection by schemes and this was in the range of 52–65%, implying that without subsidies and/or grants, CHI schemes would suffer financially. Regarding health service utilization, he noted that CHI schemes had better disease prevention initiatives and health promotional activities e.g. 95.7% of pregnant health cooperative members slept under an insecticide treated mosquito net compared to 69.2% of non-members; and 60% of pregnant health cooperative members were also more likely to have received at least 2 doses of IPT during pregnancy compared to only 37.7% of non-members. Key issues raised during discussions after the presentation include;

- In Gulu, participants recommended concentrating on sensitizing communities about health insurance and introducing it to existing savings groups in villages to encourage saving for healthcare.
- They identified cooperative societies, farmers group, SACCOs and periodic clan meetings as opportunities for mobilizing communities to embrace CHI.
- In addition, they raised the issue of putting government under pressure through the MPs to pass the NHIS bill.
- They called upon SHU to go back to the Attorney General and ask him to approve the Luwero Ordinance.
- In Mbale, some participants floated the idea of reinstating user fees in the government facilities for example health centre IVs and district hospitals as it may increase accountability. However, it should be noted that these were abolished because they were excluding poor people from accessing health services.



Conference Participants at Wash and Wills Hotel, Mbale listen to a presentation

3.2.3 The proposed National Health Insurance Scheme

This topic comprised presentations, plenary as well as panel discussions. At regional meetings, the presentation focused on benefits of the NHIS while at the central level meeting, updates were shared on preparations for the introduction of the NHIS in the last 12 months, followed by a panel discussion.

i) Benefits of the NHIS

Presentation: *Benefits of the National Health Insurance Scheme.*

Presenter: Mr. Walimbwa Aliyi, Senior Health Planner/ NHIS Focal person, Ministry of Health

Session chairs:

Gulu – Dr. Kaducu Felix Oca, Dean of faculty of medicine, Gulu University

Mbale – Sr. Nabumbo Annet, Assistant District Health Officer, Namisindwa

Mbarara – Dr Ssebutinde Peter, District Health Officer, Mbarara

Mr. Walimbwa enlightened participants on a good health financing system which should have three functions including resource mobilization, pooling as well as purchasing. He noted that the NHIS contributes to all these three functions. He emphasised that NHIS is not entirely about raising money but about the entire health financing cascade. He outlined the benefits of the NHIS that include: a supplementary Source of financing for health care; averting financial risks through reducing high out-of-pocket expenditure due to ill health and lowering levels of impoverishment (protects household assets). Others were risk pooling, solidarity and health system strengthening (through opportunities for service providers - public and private). In addition, he talked of competition among providers which can lead to service quality improvements, streamlining the referral system and efficiency, among others.



Mr. Walimbwa Aliyi



Fig 3: Functions of a good health financing system

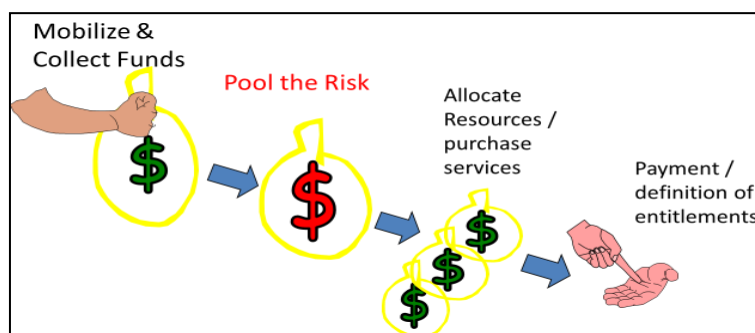


Fig 4: The health financing cascade

The presentation was followed by a lively discussion where the following key issues were raised:

- In Gulu, participants had concerns about how the NHIS bill caters for people in the formal and informal sectors; and how the government intends to regulate private healthcare providers who could potentially inflate costs; and ensure that the NHIS is sustainable.
- There was a feeling that the bill is silent on the rights of the members enrolled in the NHIS.
- In Mbale, there were many that felt the bill had taken too long in Parliament and were asking what needed to be done to expedite its enactment into law.

- They also made proposals about involving the office of the Inspector General of Government (IGG) and the Ministry of Ethics and Integrity to check corruption. Many indicated that the bill needed to have more tough punitive measures against those convicted of misuse of the NHIS fund.
- In Mbarara, participants called for ensuring that the NHIS includes and protects the vulnerable in the community and integrates members enrolled in the CHI schemes.

ii) Preparations for the introduction of the NHIS over the last 12 months

Presentation: Preparations for the introduction of the NHIS.

Presenter: Mr. Walimbwa Aliyi, Senior Health Planner/ NHIS Focal person, Ministry of Health

Session chair: Mr. Bengo Badru, Life and Pensions Manager, Uganda Insurers' Association

Mr. Walimbwa made this presentation at the central level meeting in Kampala to update participants on the progress government was making in preparation for introduction of the NHIS. He gave a synopsis of the objectives of the NHIS and the key structures.



Fig 3: Objectives of the NHIS Bill

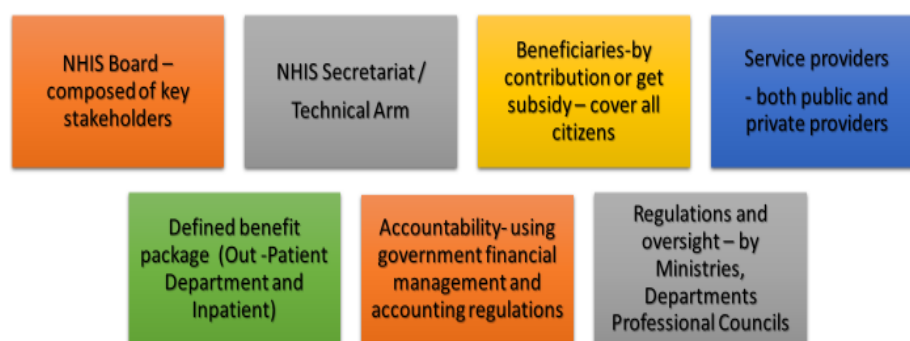


Fig 4: Components of the NHIS Bill

Mr. Walimbwa explained the milestones and key areas of progress since the NHIS bill was presented in Parliament and they included:

- A study on integration of CHI into the NHIS supported by Enabel;
- Establishment of Patient identification /biometric system ongoing at regional referral hospitals;
- Actuarial report on the proposed NHIS by Insurance Regulatory Authority of Uganda and MOH;
- A study on the criteria for identification of people that need subsidies led by MGLSD and MOH;
- Media engagement and training of journalists;
- Accreditation system of health facilities developed and to be digitalized;
- Upgrading and rehabilitation of health facilities; MOH was already investing in infrastructure upgrade and purchase of equipment.

iii) Panel Discussion: Preparations for the introduction of the NHIS in the last 12 months

Chair: Mr. Bengo Badru, Life and Pensions Manager, Uganda Insurers' Association

Panellists:

1. Ms Nnamulondo Proscovia, Communication and Advocacy Officer, SHU
2. Mr Dan Okanya, Head Policy and Research, Federation of Uganda Employers (FUE)
3. Mr Brian Alex Kiira, Program Officer Right to Health, Initiative for Social and Economic Rights (ISER)
4. Ms Makobore Christine, Health Financing Specialist, UPMB

The four panellists shared about the progress their respective institutions were making in preparation for the NHIS and the opportunities that existed for enrolling the informal sector as well as expanding CHI to cover more parts of the country.

- ❖ Ms Nnamulondo Proscovia shared about opportunities for scaling up CHI in Uganda. She submitted that the need for financial protection of people against healthcare expenditures was high due to the unreliable nature of health services in public facilities in spite of the free healthcare policy; this means that many times, people were still required to pay for healthcare even at public facilities. She added that private healthcare providers were eager to adopt CHI to avert the losses they incur when clients fail to pay medical bills. She further noted that many NGOs and CSOs had also realised that the livelihood support they provide to families does not improve their socio-economic status because productive assets are sold off to pay medical bills when sickness strikes. She identified other opportunities including existence of CHI promoters in different parts of the country, VSLAs, SACCOs, farmer groups, burial groups and availability of research evidence on the need to improve the current health financing system.

Regarding the linkage between CHI and the NHIS, Ms Nnamulondo stated that CHI was not recognized in the bill although it was premised on universal health insurance. She noted that the bill was not clear on how the informal sector would be reached. This was the basis upon which CHI promoters were advocating for its recognition as a sub-scheme of the NHIS to provide a mechanism for enrolling the informal sector. Given that CHI had been tried over the last 20 years she recommended its inclusion in the NHIS. She further stated that CHI promoters had presented views on its potential role under the NHIS to the health committee of parliament and SHU had supported some members of Parliament to visit some CHI schemes to enable them understand it in the course of their review of the NHIS bill.



L-R: Mr. Bengo Badru, Ms Nnamulondo Proscovia, Mr. Kiira Brian Alex, Mr. Dan Okanya and Ms Christine Makobole.

- ❖ Mr Dan Okanya noted that FUE was engaging its members to analyse the NHIS bill and had held consultative meetings with them, prepared a position paper and presented it to the health committee of parliament. They had conducted awareness campaigns to ensure that employers are aware and aligning themselves to implement the bill once passed into law; They represent employers by taking their views to the relevant decision makers and sharing information from relevant fora with employers.

He commended SHU for simplifying the issue of pooling together health resources by using illustrations in presentations. He noted that in the same way, it was important to be clear about the formal and informal sectors. He emphasized the need for awareness among the population and addressing fears and lack of trust from the public. He highlighted a need for continuous lobbying and advocacy to key decision makers, conducting feasibility studies in the context of Uganda considering the political situation and likely impact of the NHIS to private sector employment.

- ❖ Ms Christine Makobore gave a brief introduction of UPMB as a health technical arm for protestant, Seventh day Adventist, and Pentecostal churches in Uganda overseeing over 300 health units. She touched on the issues of health facility preparations for accreditation and in this regard noted that: UPMB was engaging other healthcare providers to examine how they will manage when the NHIS is implemented; they were also building on the first provider-managed CHI scheme that started at Kisiizi Hospital to establish more schemes with about 97,000 people enrolled; they had developed a coalition of medical bureaus and presented a position paper to the health committee of parliament on how health service providers should be engaged under NHIS. She added that the proposed NHIS accreditation process required that HCIs are upgraded so that they can be included; a quality improvement department was set up at UPMB to oversee quality of care and they were using their experiences from the scale up of CHI as a basis for improvement of services in their facilities.

Ms Makobore noted that UPMB was working towards having CHI schemes in 60% of health facilities building on the 40 schemes that already existed; part of these efforts targeted areas of northern Uganda such as Arua, Gulu, Karamoja, Nebbi, etc. Ms Makobore noted the opportunity presented by private-not-for-profit (PNFP) facilities that are spread in rural areas where there is the greatest need. UPMB was working with partners through supporting the supply side and CHI was one way of financial sustainability to health facilities.

- ❖ Mr. Brian Alex Kiira from ISER led the conversation on the inclusiveness of the NHIS bill regarding rights of the poor. He noted that at the time of the conference, it had been exactly a year when their views were submitted to the Health Committee of Parliament. He said the objectives of the NHIS seem to give hope for equity in terms of access to health care irrespective of ability to pay. For instance, the reference to and definition of indigents was given, but how they will be covered was not stated explicitly. He advised that the criteria for identifying indigents should not be entirely around poverty! The government needed to look at other forms of vulnerability e.g. disability and others as described by the tool designed by the Equal Opportunities Commission.

He challenged government to come out and set up a special fund – a portion of the national budget allocated to enable the poor access NHIS - and use the example of Ghana which has the NHIS levy and sin taxes. He however decried the public mistrust in government and the high level of fear over likelihood of misuse of NHIS funds. HE asked for tough punitive measures including paying back what is stolen. He reiterated the importance of having the people that the NHIS is intended to serve to understand it well.

Following the submissions of panellists, participants raised a number of issues and made recommendations regarding regulation of CHI schemes and building public trust in the NHIS. Below are some of the issues raised:

- Lack of a regulatory framework for CHI schemes affects their growth because the general public cannot trust initiatives which are not supervised.
- CHI schemes should be upgraded to legal entities such as cooperatives so that they can access resources and enter into partnerships that can benefit their members.
- Uganda should learn from Rwanda in terms of incorporating CHI schemes and reaching all people with the NHIS.
- Since the NHIS does not recognise CHI, there must be other clear strategies in the bill for reaching the informal sector.
- The fees charged by healthcare providers for services should be harmonised so that they are within the same range; today, patients pay different fees at different facilities for the same service; some health facilities overcharge patients.
- There is weak regulation and supervision of private insurance schemes and private healthcare providers.
- When the NHIS starts, deliberate efforts should be made to contract small facilities such as pharmacies and drug shops in rural areas because they are closer to communities. The cost of transport to health facilities is sometimes prohibitive.
- There should be a framework for CHI schemes and NHIS to make service providers accountable to members who pay premiums.
- There is need to build trust of the people in the NHIS in regard to issues of value for money, voice of members, participation in governance and feedback channels.
- There is a lot of bureaucracy in upgrading health facilities affiliated to medical bureaus; many of them may be excluded from the accreditation of facilities for NHIS.
- FUE should have a plan to convince workers in the formal sector to embrace the NHIS.

3.3 Subtheme 2: Scaling up community health insurance in Uganda

This sub-theme was intended to share experiences on scaling up CHI and explore opportunities for expanding it to more areas as well as increase uptake where it exists. It was handled only in the regional meetings. One presentation was made on practical experiences of community health financing initiatives in Uganda while panel discussions focused on opportunities for scaling up community health insurance.

3.3.1 Practical experiences of community health financing initiatives in Uganda

Presentation: *Success stories of community health financing initiatives: Enrolling members through microfinance institutions/SACCOs.*

Presenter: *Mr. Kitenda Samuel, Technical Manager, Munno Mu Bulwadde Union of Schemes' Organization (MBUSO).*

Session chairs:

Gulu – Mr. Ocen Alfred Principal Commercial Officer, Gulu District

Mbale – Ms. Namakoye Miriam, CBO Coordinator, Bududa

Mbarara – Mr. Brian Aryatunga, Manager, E- Quality Health Insurance, Bwindi

Mr. Kitenda Samuel shared the success story of how Munno Mu Bulwadde Union of Schemes' Organization (MBUSO) works with a microfinance institution (MFI) to enrol families into CHI. MBUSO is a community based organisation (CBO) formed in 2006 and works in three districts of Luweero, Nakaseke and Nakasongola. By 2020, it had a membership of 74 schemes and 18,017 individuals receiving services from 14 healthcare providers. He gave the roles of MBUSO as: identifying, assessing and contracting healthcare service providers to offer medical services to scheme members; managing scheme funds and providing accountability to all the stakeholders, advocating for quality health care services, developing appropriate products, managing partnerships and strengthening capacity of members, among others.



Mr. Kitenda Samuel

Mr. Kitenda gave the story of how the partnership between MBUSO and Microfinance institutions came about following several challenges in enrolling members into CHI schemes. The challenges included: low satisfaction of members with a product limited to health care, hence the need for other areas such as livelihood support; low retention of families in the scheme due to financial hardships as a result of poverty; limited expansion of CHI in areas of coverage; high cost of enrolling people in the CHI scheme since it involved door to door enrolment of families which required massive financial and human resources.

MBUSO and the MFI mutually agreed on their roles; those of MBUSO included: promotion of microfinance products, developing CHI products, sensitizing MFI clients about new products and introducing MFI to new communities, among others. Roles of the MFI included: enrolling every household acquiring a loan into CHI, submitting all the details of the enrolled families to MBUSO, promoting MBUSO CHI products and transferring premiums of enrolled families to MBUSO on a periodic basis.

Year	families	Individuals	Families	Individuals	% contribution of MFI
2016	2,731	18,040	625	3,804	21%
2017	4,152	27,015	774	4,161	15%
2018	3,850	26,087	785	4,620	18%
2019	2,356	17,359	929	5,495	32%

Fig 5: Proportion of families in MBUSO enrolled via MFI

He elucidated the strategies used by MBUSO to succeed with MFI intervention which included negotiating mandatory enrolment of MFI clients (whoever gets a loan automatically becomes a CHI member together with all family members); fair conditions for loans to CHI members e.g. low interest rates, affordable CHI products; setting premium for the subsequent year beforehand, among others.

Key emerging issues raised during the discussions include;

- In Gulu, participants raised questions regarding the supervising authority of MBUSO. It was clarified that MBUSO is supervised and supported by SHU, it reports to the District Health and Community Development offices, and is accountable to its members through the leadership CHI schemes structures from village level to general assembly.
- There were requests by participants in Gulu to pay a visit to MBUSO and learn more with a view to take up the same model.
- In both Mbale and Gulu, participants wanted to learn more about how the premiums were set and also requested to have SHU/MBUSO visit them and provide technical support to kick start CHI in the regions.

Benefits to MBUSO	Benefits to the MFI	Benefits to families
1. Boosted membership	1. Loan security	1. Increased productivity
2. Low cost enrolment	2. Increased client base	2. Diversification of benefits.
3. Improved retention of members	3. Easy Feedback from clients is shared	3. Increased satisfaction of members
4. Healthcare consumption is within the budget		4. Diversified sources of incomes
		5. Financial literacy

Figure 6: Benefits of the MBUSO/MFI Initiative

3.3.2 Opportunities for scaling up community health insurance

One panel discussion was held in each region on the topic: Existing community-based initiatives and how they can promote CHI. The discussions were intended to generate ideas on how organisations and other organised groups in the regions could incorporate CHI in their work. Panellists from the regions were joined by SHU's Assistant Programs Officer in charge of Monitoring and Evaluation to share experiences and opportunities which enabled SHU to successfully implement CHI in the areas where it works.

Panel discussion in Gulu

Chair: Mr. James Opito, Executive Director, Gulu NGO Forum

Panellists

1. Mr. Kabaale Robert, Assistant Programs Officer, Monitoring and Evaluation, SHU
2. Ms. Lajara Beatrice Kumago, Coordinator, Gulu District Farmers' Association
3. Mr. Moses Onok, Karin Community Development Initiative Uganda
4. Mr. obong John, Social worker, CUAMM Doctors with Africa
5. Dr. George Rubanga, Coordinator, Forum for Development of Greater Nebbi

- ❖ Mr. Kabaale Robert explained that SHU promotes two types of CHI schemes: community or member - managed and third party managed. SHU promotes community managed schemes in rural areas where solidarity is high and residents are willing to volunteer to run the scheme. Third party – managed schemes are promoted in urban areas and corporate groups which have unique demands but are not able to participate in the day-to-day operations of the scheme. Mr. Kabale gave reasons why SHU succeeded with CHI which include trust developed given the community-based orientation of the scheme, voluntary and open leadership in the scheme. He also added that CHI empowers the people through provision of training in areas of leadership, accountability and other skills.



L-R: Dr. George Rubanga, Mr. John Obong, Mr. Moses Onek, Ms Beatrice Lajara, Mr. James Opito and Mr. Kabaale Roobert.

- ❖ Miss Lajara Beatrice Kumago said Gulu District Farmers' Association was founded in 1992 with a vision to have a sustainable farmers association and a mission to impart knowledge to farmers. The association works with farmer groups, youth groups and village saving groups. She mentioned that the association provides training to farmers on savings and planning through a programme they initiated called Gender Action Learning System (GALS). She said the Association ensures that all members are enrolled in savings groups where they can access soft loans. Over 200 farmers who have enrolled in the groups seemed to do better than those who did not belong to groups. She also talked about the challenges farmers face in accessing healthcare services which in turn affect their productivity: inadequate health facilities, insufficient number of health workers, and high cost of treatment which farmers are unable to afford. She outlined the solutions they came up with to tackle the challenges faced. They include training farmers about saving for health in their savings groups, encouraging farmers to have productive assets like cattle which can be converted into cash in case of a health emergency.
- ❖ Mr. Moses Onek said that Karin Community Development Initiative Uganda, a CHI scheme which started in 2017 in Unyama sub-county, Gulu district, had about 1,200 active members who pay a premium of UGX 5,000 per quarter. Even rich people in the area had joined the scheme because of its benefits. He said they enrolled up to 60% of their members from families mostly belonging to savings groups known as "bolicup". The challenges they face in running the initiative were: inadequate human resource to promote the scheme and poverty which made families unable to pay the premium. He also talked about the services the initiative provides to the members like women empowerment (through providing soft loans), and promoting dairy farming to all the members in order for them to be able to raise money for payment of the premium. He encouraged all the stakeholders and religious leaders to preach about CHI to the community.
- ❖ Mr. Obong John said CUAMM started working in Oyam district in 2017 with the aim to establish why there were poor health seeking behaviours among the people. He said residents would seek care from traditional healers and local traditional birth attendants due to poverty while others were selling off their valuable assets to pay for health services. They had mapped out 500 solidarity groups and were working with 89 of them operating at village level with about 200

members each; they had identified the group leaders and trained them in 2018. At that time, they had 4,369 members in the scheme who had agreed to payment UGX 1000 for premium hence creating a pool of about UGX 42 million. They used village health teams to mobilise members to join and had registered success since many people embraced the initiative.

- ❖ Dr. George Rubanga introduced Forum for Development of Greater Nebbi as a registered Non-Governmental Organization created with the aim of providing opportunities for people in the districts of Pakwach, Nebbi and Zombo to access quality health care. The forum had reached out to SHU for technical support in order to start CHI schemes in the region. The plan was to start CHI schemes at parish level. He said the challenges they came across in the process of establishing the scheme were: the concept of health insurance was still obscure to the local people in the communities; majority of the people were involved mainly in subsistence farming which made it difficult for them to raise the required amount for premium; the fear of fraud experienced in other projects in the past; and many people in the community do not prioritize their health.

Panel discussion in Mbale

Topic: Existing community-based initiatives and how they can promote CHI

Chair: Mr. Wambede Daniel, Executive Director, Nourish a Child Uganda

Panellists

1. Mr. Kabaale Robert, Assistant Programs Officer, Monitoring and Evaluation, SHU
2. Mr Musaka Fred Peter Maira, Secretary Bukobero Community Health Centre
3. Ms Sarah Namboozo Coordinator, Slum Dwellers Association, Mbale
4. Mr. Aisia Moses, Director, Holy Innocent HCIII, Bukedea

- ❖ Mr. Musaka Fred Peter Maira said they established Bukobero Community Health Centre in Bududa district to address the challenge of people having to move long distances to access healthcare services in the area due to its mountainous terrain and flash rivers. The nearest health centre to the community was about 10kms away. Efforts to introduce CHI at the facility started about one year ago to make services affordable to community members. The strategies used to run the scheme include: involvement of community leaders, partnership with stakeholders and friends both in Uganda and abroad, and establishing social enterprises, for example, poultry farming which is providing the needed funds for the initial start up costs. They mobilised people to start making prepayments for healthcare through Bukobero community health centre cooperative society where people were already saving money for other needs.
- ❖ Ms Sarah Namboozo said the Slum Dwellers Association supports slum dwellers to access health services through teaching them to save for health care in their savings groups. She also said health committees were formed in slums inclusive of members of village health teams. They needed more capacity building for members of the groups to understand the importance of planning and saving for their health.
- ❖ Mr. Aisia Moses said the CHI scheme at Holy Innocent HCIII started as a sustainability strategy following the end of the voucher project funded by USAID. The project had eased access to maternal healthcare for women who were paying only Ugx4,000 for a voucher covering four antenatal visits and delivery. For continuity of benefits, the facility designed a CHI scheme with

support from other CHI promoters. The strategies used to transition from voucher system to CHI included providing quality healthcare services at all times and working with VHTs to educate communities on preventive health. The current scheme at the facility covers only children of 0-5 years whose parents pay a premium of UGX 15,000 per child per year. A parent pays a fee of UGX 5,000 on every child's visit to the facility. This resulted into an increase in the number of babies visiting the facility, reduced complications among children, community trust in the facility increased as well as third party drug supply from Joint Medical Stores. VHTs were providing education and awareness needed for parents to enrol their children. Many of the children who were produced during the period of the voucher project are enrolled into the scheme. The plan for the subsequent year was to start community owned CHI schemes.



L-R: Panellists Mr. Kabaale Robert, Mr. Musaka Fred, Ms. Sarah Namboozo and Mr. Moses Aisia. Standing is Mr. Wambedde Daniel, the session chair.

- ❖ Mr. Kabaale Robert talked about the models of CHI SHU promotes and highlighted the challenges involved in community managed schemes such as absence of quality health service providers in some communities and the low capacity of the community members to pay premium. He highlighted the strategies used to promote the community-managed scheme:
 - Diversifying CHI products to make them more affordable;
 - Timing of payment of premiums after harvest period and accepting premium payments in instalments;
 - Diversifying premium payment modes for example through Mobile money, savings, cash payments, and loans;
 - Intensive education on health insurance and information flow through leaders, radios and other media.
 - Contracting a variety of health facilities in a region
 - Transparency and accountability in the scheme
 - Supporting scheme members to acquire skills for starting livelihood projects for families.
 - Ensuring quality services through conducting satisfaction surveys among members and improving on the weak areas.

Panel discussion in Mbarara

Topic: Existing community-based initiatives and how they can promote CHI

Chair: Ms Carol Namara, Program Officer, Western Ankole Civil Society Organizations Forum (WACSOFF)

Panellists

1. Mr. Stephen Karamuzi, Manager Reproductive Health Uganda, Mbarara branch
2. Mr. Yebangire Mutungi Alex, Coordinator, Mbarara District Farmers Association
3. Mr. Kabaale Robert, Assistant Programs Officer, Monitoring and Evaluation, SHU

- ❖ Mr Stephen Karamuzi shared experiences of Reproductive Health Uganda (RHU) on identification of beneficiaries for subsidies in private clinics through franchise. Communities identify clinics that the community members commonly go to for services, who are then taken through an eligibility assessment and capacity building to ensure quality of care which is based on the MOH/WHO standards. They enter into partnership with the clinics and offer them products, training, equipment and demand from them that the services are subsidized. RHU works with the facilities to provide missing brands of family planning methods. The actual amount payable for the services by the users is determined through discussions. After establishing the cost on the open market, they ask the facilities to adjust charges accordingly.



L-R: Mr. Kabaale Robert, Mr. Yebangire Mutungi Alex, Ms Namara Carol and Mr. Stephen Karamuzi

- ❖ Mr Alex Mutungi highlighted the common challenges farmers face in accessing healthcare services which include absence of quality services in some communities and lack of cash at the time of sickness. He added that facilities are often far away and farmers don't make early decisions to seek care due to lack of liquid cash, hence depending on self-medication. The Association was setting up mechanisms to support their members by building on existing arrangements such as burial groups through which people contribute enough food for burials. In addition, the Association was considering using existing VSLA groups as an avenue to introduce health insurance to their members.
- ❖ Mr Robert Kabaale re-echoed the message about the CHI models SHU promotes and the strategies used to sustain them as indicated in the panel discussions in Gulu and Mbale.

Plenary Discussion

Participants in the three regions raised several issues, comments and suggestions pertaining to the submissions made by panellists as below:

- Participants were encouraged to pick lessons from the experiences shared by panellists and promote CHI initiatives in their areas of operation;
- There should be financial discipline and frequent audits in CHI initiatives so that there is trust between the members and the scheme management;

- Financial institutions should come up with a condition that clients who require loans must have health insurance cover before they receive the loans;
- Absence of proper record keeping affects growth of CHI because it makes it difficult to keep track of members and other crucial information;
- Health insurance education should be incorporated in learning curriculum in high schools and universities.
- It was also noted that the forthcoming general elections would probably affect the passing of the NHIS bill which is in parliament.

3.3.3 Synopsis of community-based initiatives for scaling up CHI in different the regions

This session entailed a presentation by the conference rapporteur summarising the discussions and identified opportunities for scaling up CHI in the regions. It was intended to share with participants at the central meeting in Kampala the ideas gathered from regional meetings.

Chair: Dr Agaba Byamukama, District Health Officer, Nakasongola

Presenter: Dr Martin Ruhweza, conference rapporteur

The key issues included:

- a. There was a general sense of acceptance of community health financing as a way to improve access to healthcare. Participants felt that CHI was an opportunity they had missed out in their regions due to lack of information.
- b. A few civil society organizations in the regions were starting CHI initiatives but progress was still low. These included CUAMM in Oyam district, Forum for Development of Greater Nebbi, and Holy Innocent HCIII in Bukedea district.
- c. District leaders were willing to provide leadership towards scaling up CHF and collaborate with SHU through Uganda Local Government Association (ULGA) to advocate for passing of the NHIS Bill into law. It would also be easy for local governments to embrace CHI if the Attorney General would approve the Luwero District Community Health Insurance Scheme Ordinance as a benchmark.
- d. Opportunities for scaling up CHI include VSLAs, SACCOs, health cooperatives, savings groups, farmers groups, burial groups, and best practices from other regions such as charging user fees for maternity services in Nakasongola HCIV and participation of government hospitals in CHI. The example cited was Kitagata hospital which uses funds from CHI schemes to improve services.
- e. Technical support is critically needed by organizations willing to start CHI initiatives. This includes CHI education, training and learning visits.



Dr. Agaba Byamukama and Dr. Martin Ruhweza

“Where I come from in my village, if someone dies, each household contributes a bunch of bananas worth UGX 10,000. They can even raise 300 bunches in this way. If we diverted such a contribution towards a sick person, then he/she may not die” Participant in Mbarara.

3.4 Subtheme 3: Targeting informal sector workers and indigents for NHIS

Under this sub theme, there were two topics namely: Strategies for reaching informal sector workers for NHIS and approaches for identifying and enrolling the poor into the NHIS. Both of these were handled at the central level conference meeting in Kampala.

3.4.1 Enrolment of Informal sector into NHIS: Opportunities Challenges & recommendations

This session was a panel discussion held at the meeting in Kampala.

Chair: Mr. Trevor Biransesha, Program Manager, Health Partners Uganda

Panellists

1. Ms. Aisha Kayaga, Member of the Health Committee, Luwero District Local Government
2. Mr. Bankunda Patrick, Chief Executive Officer, Uganda Central Cooperative Financial Services Ltd
3. Mr. Fred Ahimbisibwe, Principal Commercial Officer, Ministry of Trade, Industry and Cooperatives
4. Dr. Dick Kamuganga, President, Uganda National Farmers Federation.

- ❖ Mr Ahimbisibwe Fred appreciated SHU for organizing the conference and Health Partners Uganda for promoting health cooperatives. He pointed out that the Ministry of Trade, Industry and Cooperatives was responsible for micro trading including cooperatives and SACCOS. He noted that CHI schemes could be categorised under small and medium enterprises (SMEs) or otherwise based on turn over and urged them to ultimately formalize into legal entities and build partnerships. He called for the identification of alternative approaches to guide enrolment of informal sector workers into the NHIS and recommended the cooperative model as one key way by which the informal sector can be reached. He asked CHI promoters to seek support from the ministry for registration of groups as health cooperatives for them to be more sustainable.



L-R: Mr. Trevor Biransesha, Mr. Bakunda Patrick, Ms. Kayaga Aisha, Dr. Kamuganga Dick and Mr. Ahimbisibwe Fred.

- ❖ Ms Aisha Kayaga talked about how to penetrate the informal sector groups and started off by stating that she was as a member of a CHI scheme in her area. She decried the frustrations of the district by government over the failed approval of the Luwero district ordinance which would have been one good way to move CHI to another level. She observed that out of the 13 sub counties in the district, 11 had CHI and that their role as a district was continued mobilization of communities to enrolment in schemes. She proposed targeting burial groups that exist at village level to begin planning for life and health before they plan for death. She called for promoters of CHI to reach out to different religious denominations that are passionate about the welfare of their people. She noted that as district leaders of Luwero they intended to form a scheme of

leaders including district councillors, sub county chairpersons and councillors. The district had registered farmers organizations some of which successfully joined CHI. She called upon the MOGLSD to consider putting part of the money being given to the elderly in the Social Assistance Grant for Empowerment (SAGE) program to be used as their premium contributions for CHI. She said the district had plans to ensure vigorous district wide sensitization and mobilization targeting all groups of informal sector workers using the satisfied beneficiaries as examples.

- ❖ Dr Dickson Kamuganga spoke about how best farmers could be reached with health insurance. He confessed that he had not been aware of CHI, being a new president of the farmers' federation that has been around for 28 years. He called upon the promoters of CHI to engage more with their federation because they had the necessary structures covering 70,000 villages which they intended to connect to a digital link by 2021. He asked CHI promoters to consider using a multipronged strategy looking at cooperatives, farmer groups and other organised informal sector groups and entering into partnership with digitalization by Uganda Communications Commission (UCC).
- ❖ Mr Bankunda Patrick informed the meeting that UCCFS provides financial services to all types of cooperatives and by then had 600 cooperatives as members. From 2010, they have been implementing insurance services such as credit life insurance in partnership with Sanlam as well as general insurance targeting money, assets, co-operators cover (life insurance cover). He pledged to work with SHU to start CHI through an MoU. He pointed out opportunities such as the cooperatives they have and over 400 SACCOs that are digitalized. He urged promoters of CHI to engage cooperatives in order to get more informal sector workers on board. Both SACCOs and coops should be targeted wherever they exist in the districts. Cooperative health services can be one of the products created over time. He said SACCOs want their members to be healthy and it would be easy to embrace CHI.

3.5 Subtheme 4: Approaches for identifying and enrolling the poor into the NHIS

This session was only held at the central level meeting in Kampala. It was intended to obtain expert information which policy makers could use to make decisions regarding access to the NHIS by the informal sector.

3.5.1 How to identify the poor and indigents to enrol into NHIS

Presenter: Ms Lydia Nabiryo, the Senior Program Officer, Expanding Social Protection Programme, MOGLS

Chair: Dr. Innocent Nkonwa, District Health Officer, Luwero.

Ms Nabiryo provided some background on the mandate of MGLSD which includes promoting gender equality, equity, social protection, progressive culture and decent work conditions; it is concerned with tackling demand-side constraints to enhance access to opportunities and services by the poor and vulnerable groups. In particular, the Ministry spearheads interventions for empowerment of women, vulnerable children, unemployed youth, older persons, and persons with disability. She noted that health insurance in Uganda is embedded within the National Social Protection Policy (NSPP) approved by Cabinet in November 2015. It considers ill-health to be a socio-economic risk which exposes households to poverty and identifies affordable health insurance as one of the seven priority interventions.



She described seven types of targeting for social protection and some of their advantages and limitations;

1. Geographical targeting where eligible beneficiaries are selected from an entire area or region based on predefined criteria and recognized geographical demarcation. It has the advantages of being relatively simple and easy and can be implemented with low administrative capacity but is subject to divergent political opinion and outcry from vulnerable groups in excluded areas.
2. Vulnerability targeting which is based on the view that the lack of capacity to manage risks and cope with socio-economic shocks is the ultimate cause of poverty. This is the method used in assessing poverty status. She noted that this could be politically acceptable, if well-conceived and implemented, but could provide perverse incentive for some people to give wrong information.
3. Proxy (means test) relies on observable household characteristics to estimate income status e.g. owning a house, bicycle, phone, radio, etc. It has the advantage of using quantitative information to justify selected beneficiaries, but very costly to administer as the data must be collected from every household in the community and subject to exclusion/inclusion errors of up to 30-40%.



Figure 7: types of targeting for social protection

4. Community based targeting where the community is involved in identifying the poor (most-deserving) guided by predefined criteria; it entails low administrative costs, but subject to bias by members of the selection committee either due to favouritism or fear of reprisal.
5. Categorical targeting where selection of beneficiaries is based on their demographic category such as age, sex, marital status. It is very simple and clear but unless it is linked with poverty or specific widespread vulnerability, it may lead to wastage of resources.
6. Self-targeting is open to everyone from the community who may be interested in participating in the programme. It has the benefit of being relatively simple and easy but requires substantial resources to reach a significant proportion of the population e.g. youths for labour.

Ms Nabiryo described the vulnerability context in Uganda where she noted that poverty is not just the lack of money, but rather, it is the consequence of vulnerability. Vulnerability refers to the lack of capacity to manage risks or cope with socio-economic shocks. She gave the main drivers of vulnerability in Uganda as being:

- **Life-cycle risks** such as old age and retirement, which affect people at different stages in life and limit their capacity to meet their own basic needs;
- **Exogenous risks and shocks:** These include civil strife, conflict, natural disasters, climate change, and macro-economic shocks e.g. inflation.
- **Socio-economic risks:** emanating from ill-health, food insecurity, social exclusion

She stated that in July 2019, the MoH in collaboration with the Initiative for Social Economic Rights (ISER) organized a workshop to agree on the criteria for identifying indigents for NHIS. In cognizance of the dynamic nature of poverty, the stakeholders in the workshop recommended targeting of vulnerable groups of the population and these included;

- (a) Households headed by:
 - ✓ Children
 - ✓ Older persons
 - ✓ Persons with severe disabilities
 - ✓ Asset less widows aged between 45 and 59 years
 - ✓ Chronically ill persons
 - ✓ Landless ethnic minorities.
 - ✓ Internally displaced individuals affected by natural or man-made disasters for at least six months
- (c) Poor households having a child with disability
- (d) Individuals with the following characteristics:
 - ✓ Vulnerable pregnant and lactating mothers
 - ✓ Homeless people
 - ✓ Street children
 - ✓ People suffering from chronic illness
 - ✓ Casual laborers earning less than 30,000 shillings per month

She further stated that the MGLSD and MoH jointly commissioned a consultancy to refine the proposed criteria for targeting indigents. Two consultants with complementary skills and expertise were contracted to, among other things; establish a well-documented contextual basis for the proposed criteria; conduct in-depth analysis of Uganda National Household Survey data to generate quantitative empirical evidence on risks and vulnerabilities faced by the identified vulnerable groups; articulate financially viable, economically feasible, socially desirable and politically acceptable evidence-based criteria for targeting indigents under the NHIS.

4.0 Closing Ceremony

The closing ceremony was officiated by SHU Executive Director Mr, Makaire Fredrick and the Board Chairperson Ms. Leticia Nakimuli Iumba. In his remarks, Mr. Makaire appreciated participants for their active participation and holding onto the end. He gave a vote of thanks to the Chief Guest – the Minister of Health for officiating, the MPs led by the Chair of Health Committee Hon Michael Bukenya and the technical team from Parliament, technical teams from Ministry of Trade Industry and Cooperatives, MOH, MGLSD, political leaders and technical teams from the districts, those in academia, and all the participants who had travelled from different places. He also gave a word of appreciation to the organizing committee for the wonderful Job in planning, coordinating and actualizing the four-in-one Conference. He thanked the SHU team for coordinating all the activities, the information technology team for live streaming online, the media- New Vision, Daily Monitor, UBC, Radio One, NTV and the partners who funded the conference. These included Bread for the Word, MOH, MOGLD, FUE, Health Partners and UPMB. He gave a brief on the resolutions of the conference and next steps.

4.1 Conference Resolutions

1. Participants will work within their respective organizations to take steps towards establishing CHF mechanisms where they don't exist by taking advantage of existing opportunities in form of burial groups, VSLAs, SACCOs, etc in the areas where they operate.
2. SHU with partners and stakeholders will set up a CHI coordination mechanism to provide technical support and learning opportunities for experience sharing.
3. SHU pledged to be available to provide technical support to partners in establishing CHI schemes.
4. SHU and partners will follow up with local governments and Uganda Local Governments Association (ULGA) to support, strengthen and scale up CHI and push for the passing of the NHIS Bill into law.
5. SHU and partners will continue advocating for enactment of the NHIS Bill into law and push for one NHIS fund that covers informal sector and indigents who may be enrolled through CHI.
6. Key issues and evidence on targeting the informal sector, the poor and indigents presented during the conference will be captured and documented into a position paper which will be presented to the Health Committee of Parliament
7. SHU and partners will follow up with the Solicitor General to review the Luwero District CHI Scheme Ordinance given the delays to enact the NHIS law and other districts to follow suit in case the Luwero ordinance is passed.

4.2 Closing remarks by the Board Chair SHU

The Board Chair, Ms Leticia Nakimuli also echoed the vote of thanks to all participants and reiterated that every effort and step in the direction of improving community health financing mattered. She wished the participants safe travel back to their homes and invited Dr. Kaducu who led the closing prayer.

Annex 1: 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**



**Mr. Walimbwa Aliyi
Ministry of Health**



**Ms. Veronica Asio
Save for Health Uganda**



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



**Mr. Patrick Ajuna
Federation of Uganda
Employers**



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



**Mr Robert Kabaale
Save for Health Uganda**

Annex 2: List of participants

Gulu - 3rd November, 2020

No	Name	Organisation	Position	District
1.	Mr. Ojara Martin Mapenduzi	Gulu District LG	District Chairman	Gulu
2.	Dr. Yoweri Idiba	Gulu District LG	District Health Officer	Gulu
3.	Mr. Ocen Alfred	Gulu District LG	Principal Commercial Officer	Gulu
4.	Mr. Owona Julius	Kitgum District	For DCDO	Kitgum
5.	Mr. Aluku Anthony	Lamwo district	DCDO	Lamwo
6.	Mr. Opito James	Gulu NGO Forum	Executive Director	Gulu
7.	Mr. Oyet Andrew	Umoja Development Agency	Executive Director	Nwoya
8.	Mr. Robert Babu	Kitgum NGO Forum	Program coordinator	Kitgum
9.	Ms. Apio Consolate	AIDS Care Education and Training (ACET)	Manager	Kitgum
10.	Ms. Ataro Juliet Olal	Women and Development Network (WORUDET)	For Director	Pader
11.	Mr. Francis Odwong	Feed the Children Gulu	For Country Representative	Gulu
12.	Mr. Hakiigaba Jussey Okello	International Institute of Rural Reconstruction	Program Officer	Gulu
13.	Mr. Akello Paska Oryema	Foundation for Justice and Development Initiatives		Gulu
14.	Ms. Gloria Ondo	CARE International Uganda	Gulu Sub Office	Gulu
15.	Mr. Omony John Bosco	Pabo Save the Orphans Association	Coordinator	Amuru
16.	Ms. Lajara Beatrice Kumago	Gulu District Farmers' Association	Programme Coordinator	Gulu
17.	Ms. Aciro Esther	Omoro	Farmer	Omoro
18.	Mr. Obal Nelson	Gulu	Farmer	Gulu
19.	Mr. Otema Francis Kitara	St. Mary's Hospital Lacor	For: Hospital Secretary	Gulu
20.	Mr. John Bosco Lakoch	Karin Community Initiative Uganda	Board Member	Gulu
21.	Mr. Moses Onok	Karin Community Initiative Uganda		Gulu
22.	Dr. Rubanga George	Forum for Development of Great Nebbi	Coordinator	Nebbi
23.	Mr John Obong	CUAMM- Doctors with Africa	Social Worker	Oyam
24.	Mr Christopher Bingom	CUAMM - Doctors with Africa	M&E officer	Oyam
25.	Sheikh Musa Khalili	Acholi Muslim District	District Kadhi	Gulu
26.	Sheik Abdu Kilama,	Acholi Muslim District (Muslim)	Secretary	Gulu
27.	Kidega Max William	Acholi Religious Leaders Peace Initiative	Finance and Administration Officer	Gulu
28.	Mr. Ogen Bob Alberto	West Acholi Cooperative Union	Manager	Gulu
29.	Mr. Oyugi Jackson	West Acholi Cooperative Union	Chairman	Gulu
30.	Dr. Kaducu Felix Ocaka	Gulu University	Dean Faculty of Medicine	Gulu
31.	Dr. Nicholas Okello	Gulu University	Lecturer	Gulu
32.	Prof. David Okello Owiny	Gulu University	Deputy Vice Chancellor	Gulu
33.	Ms. Nakimuli Leticia	Save for Health Uganda	Board Chairperson	Kampala
34.	Mr. Makaire Fredrick	Save for Health Uganda	Executive Director	Kampala
35.	Dr. Ronald Kasyaba	Uganda Catholic Medical Bureau	Assistant Executive Secretary	Kampala
36.	Ms. Nazibanja Juliet	Save for Health Uganda	Programs Officer	Kampala
37.	Mr. Walimbwa Aliyi	Ministry of Health	Senior Health Planner	Kampala
38.	Ms. Nnamulondo Proscovia	Save for Health Uganda	Communication & Advocacy Officer	Kampala
39.	Ms. Veronica Asio	Save for Health Uganda	Finance & Administration Officer	Kampala

40.	Mr. Kabaale Robert	Save for Health Uganda	Assistant Programs Officer –M&E	Kampala
41.	Mr. Kitenda Samuel	Munno mu Bulwadde Union of Schemes Organisation	Union Technical Manager	Luwero
42.	Ms. Kemigisha Josephine	Save for Health Uganda	Administrator	Kampala
43.	Mr. Tobby Owing	Daily Monitor	Reporter	Omoro
44.	Mr. Omoya Nelson	NTV/Mega FM	Reporter	Gulu
45.	Mr. Ocakacon	New Vision	Reporter	Gulu
46.	Dr. Martin Ruhweza	Healthwise Uganda	Rapporteur	Kampala
47.	Mr. Ogenrwot Mark	Healthwise Uganda	Rapporteur	Kampala

Mbale – 5th November, 2020

No	Name	Organisation	Position	District
1.	Mr. Maytasa Joram	Mbale District Local Government	District Vice Chairman	Mbale
2.	Ms. Namutosi Esther	Mbale District Local Government	Principal Community Development Officer	Mbale
3.	Sr. Nabumbo Annet	Namisindwa District Local Government	Assistant DHO	Namisindwa
4.	Mr. Buke Francis Bwayo	Manafwa District Local Government	Senior Labour Officer	Manafwa
5.	Mr. Meru Patrick	Bududa District Local Government	Sec. for Social Services	Bududa
6.	Mr. Kosa Paul	PACONET	Executive Director	Palisa
7.	Ms. Edith Wakumire	Uganda Women Concern Ministry	Executive Director	Mbale
8.	Mr. Masiga Steven	Good Governance Centre	Executive Director	Bududa
9.	Mr. Walimbwa Rogers	Bugisu Civil Society Network (BUCINET)	Programs Manager	
10.	Mr. Magomu Ibrahim	Bugisu NGO Forum	Programs Manager	Mbale
11.	Ms. Nakayenze Winnie	Focus on Child Empowerment	Executive Director	Mbale
12.	Mr. Mutsaka Fred Peter Maira	Bukobero Community Health Centre	Secretary	Bududa
13.	Mr. Kirya Micheal	Bumba Foundation	Director	Budaka
14.	Mr. Wambembe Daniel	Nourish A Child	Executive Director	Bududa
15.	Ms. Tagema Annet	Integrated Community Resilience and Development	ED	Kibuku
16.	Mr. Mukiibi Arajab	Native Kids	ED	Mbale
17.	Ms. Nafuna Catherine	Red Cross	Administrative Assistant	Mbale
18.	Ms. Nabuya Naume	Child Restoration Outreach (CRO)	Project officer	Mbale
19.	Mr. Ntale Yonnah	Uganda Muslim Rural Development Association (Amurda)	Project Officer	Mbale
20.	Ms. Irene Watulatsu	Partnership networking trust (PONT)	Health officer	Mbale
21.	Ms. Nyirigabo grace	Compassion International	Project Director	Mbale
22.	Ms. Sarah Nambozo	Slum Dwellers Association	Coordinator	Mbale
23.	Ms. Mutonyi Annet	Bumbobi farmers group	Secretary	
24.	Mr. Walimbwa Sorphart	Nakkaza development initiative	Executive Director	Bududa
25.	Wazala Isaac	Zion ministry	Programs manager	
26.	Ms. Mutonyi Daphine	Home care clinic	C/M	Mbale
27.	Ms. Kabuya Fatuma	Hunger project community health centre	In-charge	Mbale
28.	Mr. Boaz Aruho	Mbale People's Hospital	Managing Director	Mbale
29.	Mr. Moses Aisia	Holy Innocent HCIII	Director	Bukedea
30.	Mr. Mafabi Iddi	Community Health Promoter		Bulambuli
31.	Ms. Akisa Dorcus	Community Health Promoter		Mbale
32.	Rev. Mangali William	Mbale Diocese	Health Coordinator	Mbale
33.	Rev. Wilberforce Walimbwa	Born Again Churches	Bishop	Manafwa
34.	Imam Kabego Banil .S	Bilal Mosque	Imaam	Mbale
35.	Ms. Chekamoko Annet	Uganda Cooperative Savings & Credit	MD FEW Consult	Mbale

		Union Sacco		
36.	Mr. Male David	Naboa Multipurpose Cooperative	Secretary	Budaka
37.	Mr. Mutsisa David	Bumbobi Development SACCO		Mbale
38.	Ms. Miriam Namakoye	Bududa Community Based Organisation	Manager	Bududa
39.	Mr. Budaka Paul	Kyalule SACCO	Manager	Sironko
40.	Mr. Ilukor Geresom	School of Hygiene Mbale	Principal	Mbale
41.	Ms. Suzan Namome	Christ workmanship skills training centre	Principle	Mbale
42.	Mr. Wasekone Fred	Livingstone International University	University secretary	Budaka
43.	Ms. Nakimuli Leticia	Save for Health Uganda	Board Chairperson	Kampala
44.	Mr. Makaie Fredrick	Save for Health Uganda	Executive Director	Kampala
45.	Dr. Ronald Kasyaba	Uganda Catholic Medical Bureau	Ass. Executive Secretary	Kampala
46.	Ms. Nazibanja Juliet Kibirige	Save for Health Uganda	Programs Officer	Kampala
47.	Mr. Walimbwa Aliyi	Ministry of Health	Senior Health Planner	Kampala
48.	Ms. Nnamulondo Proscovia	Save for Health Uganda	Communication & Advocacy Officer	Kampala
49.	Ms. Veronica Asio	Save for Health Uganda	Finance & Administration Officer	Kampala
50.	Mr. Kabaale Robert	Save for Health Uganda	Assistant Programs Officer –M&E	Kampala
51.	Mr. Kitenda Samuel	Munno mu Bulwadde Union of Schemes Organisation	Union Technical Manager	Luwero
52.	Ms. Kemigisha Josephine	Save for Health Uganda	Administrator	Kampala

Mbarara – 10th November, 2020

	Name	Organization	Position	District
1.	Mr. Tumusiime Bamuturaki J.B	Mbarara District Local Government	District Chairperson	Mbarara
2.	Mr. Peace Tibakuna	Bushenyi District Local Government	Vice Chairperson	Bushenyi
3.	Dr. Mwesigye Edward	Bushenyi District Local Government	District Health Officer	Bushenyi
4.	Dr. Ssebutinde Peter	Mbarara District Local Government	District Health Officer	Mbarara
5.	Mr. Gumisiriza Robert	Mitooma District Local Government	District Health Officer	Mitooma
6.	Mr. Besigye Partrick Keihwa	Kabale District Local Government	District Chairperson	Kabale
7.	Mr. Kasagara Edward	Mbarara DLG	Chief Administrative Officer	Mbarara
8.	Mr. Kagaba Allan	Mbarara DLG	Head of Human Resource	Mbarara
9.	Mr. Muhanguzi Basil	Bushenyi DLG	DCDO	Bushenyi
10.	Ms. Justine Mugaririrwe	Sheema DLG	DCDO	Sheema
11.	Mr. Kabigumira David	Sheema DLG	Chairman	Sheema
12.	Ms. Abias Tukamwesiga	Mitooma DLG	DCDO	Mitooma
13.	Mr. Byaruhanga Arthur	Mbarara DLG	DCDO	Mbarara
14.	Mr. Steven Karamuzi	Reproductive health-Uganda	In-charge	Mbarara
15.	Dr. Steven Bagambe	LIPRO Uganda	Director	Bushenyi
16.	Ms. Namara Carol	WACSO	Program Officer	Bushenyi
17.	Sr. Ephrance Nuwamanya	Bushenyi integrated Rural development (BIRD)	Program Coordinator	Bushenyi
18.	Mr. Nicholas Rutehenda	SHENASO		Sheema
19.	Ms. Ainembabazi Penlope	KDA		Kasese
20.	Mr. Friday Moses	Western Ankore Tweragurize Schemes Association (WATSA)	UTM	Bushenyi

21.	Mr. Arinaitwe Everest	WATSA	JFO H	Bushenyi
22.	Mr. Nuwamanya Benson	WATSA	JFO	Bushenyi
23.	Mr. Ahabwe Hilder	KIDP	Coordinator	Kanungu
24.	Mr. Muhumuza Steven	WATSA	Board Chairman	Bushenyi
25.	Ms. Ndemeire Mary	WATSA	Vice- Chair	Bushenyi
26.	Mr. Ben Bataringaya	COVID	Director	Bushenyi
27.	Mrs. Hope Babaiha	Busheregyenyi Tweragurize Association	Chairperson	Mitooma
28.	Sr. Monica Tuhaise Mukama	WATSA	BOD Member	Sheema
29.	Mr. Yebangire Alex	BDFA	Coordinator	Bushenyi
30.	Mr. Tayebwa Mukama Mark	IDFA	Coordinator	Ibanda
31.	Mr. Atuhairi Amon	ISDFA	Youth Representative	Isingiro
32.	Mr. Bbale Marcellinus	Kiruhura District Farmers' Association	Coordinator	Isingiro
33.	Ms. MpairweJudith Mugisha	Kyamuhunga Peoples' SACCO	Vice Chairperson	Bushenyi
34.	Mr. Muzoora Eric	Ntungamo district farmers' association		Ntungamo
35.	Mr. Brian Aryatunga	E-quality Health - Bwindi	Manager	Kanungu
36.	Dr. Tumuhimbise Manasseh	Ishaka Health Plan	Scheme Manager	Bushenyi
37.	Ms. Lydia Komugisha	Ishaka hospital	Executive Director	Bushenyi
38.	Dr. Johnson Kabwishwa	Kitagata hospital	Medical Superintendent	Sheema
39.	Sr. Christine Nakanwagi	Nyakatsiro HC	In-charge	Mitooma
40.	Prof. Tushabomwe Kazooba	Mbarara University of Science and Technology	Deputy Vice Chancellor	Mbarara
41.	Ms. Kyatusiimire Patience	Mbarara Catholic Diocese	Diocesan Health Coordinator - health insurance	Mbarara
42.	Sr. Ntegamahe Rose	Mbarara Catholic Diocese	Diocesan Health Coordinator	Mbarara
43.	Rev. Didas Natweta	Bweranyangi	Diocesan Secretary	Bushenyi
44.	Ms. Atwine Peruth	Ruharo Mission Hospital	Community Insurance Focal Person	Mbarara
45.	Dr. Gilbert Mateeka	Rugarama	Medical Superintendent	Mbarara
46.	Mr. Rugamba Emmy	Muko HC III	In-Charge	Mbarara
	Ms. Doreen Kyasiimire	Ruharo Hospital	Scheme coordinator	Mbarara
47.	Ms. Christine Makobole	UPMB	CHF Specialist	Kampala
48.	Ms. Nemigisha Evaline	RUBAHEF	Coordinator	Sheema
49.	Mr. Muhumuza Adolf	Healthwise Uganda	Rapporteur	Kampala
50.	Mr. Sekiryowa Vincent	ADMHC	Board Secretary	Isingiro
51.	Ms. Ninsiima Gloria	ADHC	Board Treasurer	Mbarara
52.	Ms. Connie Ainebyona	HealthPartners Uganda	Girl's Centre Admin	Mbarara
53.	Ms. Atuhairi Marion	WADHC	Cooperative Coordinator	Bushenyi
54.	Mr. Mugisha Simon	UHC	Cooperative Coordinator	Bushenyi
55.	Mr. Tuhirirwe Jonath	ADHC	Service Provider	Mbarara
56.	Mr. Wagaba Simple	HealthPartners Uganda	Technical Advisor	Bushenyi
57.	Mr. Kembabazi Jonah	HealthPartners Uganda	Administrative Assistant	Mbarara
58.	Ms. Muhindo Lillian	BPHC	BOD member	Buhweju
59.	Ms. Nakimuli Leticia	Save for Health Uganda	Board Chairperson	Kampala
60.	Mr. Makaire Fredrick	Save for Health Uganda	Executive Director	Kampala
61.	Dr. Ronald Kasyaba	Uganda Catholic Medical Bureau	Asst. Executive Secretary	Kampala
62.	Ms. Nazibanja Juliet	Save for Health Uganda	Programs Officer	Kampala

63.	Mr. Walimbwa Aliyi	Ministry of Health	Senior Health Planner	Kampala
64.	Ms. Nnamulondo Proscovia	Save for Health Uganda	Communication & Advocacy Officer	Kampala
65.	Ms. Veronica Asio	Save for Health Uganda	Finance & Administration Officer	Kampala
66.	Mr. Kabaale Robert	Save for Health Uganda	Asst Programs Officer –M&E	Kampala
67.	Mr. Kitenda Samuel	Munno mu Bulwadda Union of Schemes Organisation	Union Technical Manager	Luwero
68.	Ms. Kemigisha Josephine	Save for Health Uganda	Administrator	Kampala
69.	Dr. Martin Ruhweza	Healthwise Uganda	Rapporteur	Kampala
70.	Ms. Kusiima Mary Lydia	Healthwise Uganda	Rapporteur	Kampala

Kampala – 19th November, 2020

	Name of person	Organisation	Position	District
1.	Dr. Olaro Charles	Ministry of Health	Director, Clinical Services	Kampala
2.	Mr. Walimbwa Aliyi	Ministry of Health	Senior Health Planner	Kampala
3.	Ms Nabiryo Lydia	MGLSD	Senior Program Officer	Kampala
4.	Mr. Ahimbisibwe Fred	Ministry of Trade, Industry and Cooperatives	Principal Commercial Officer	Kampala
5.	Dr. Michael Iga Bukenya	Parliament	Chairperson Health Committee	Kampala
6.	Hon. Ssembatya Edward	Parliament	Katimaku South MP	Kampala
7.	Hon. Baseke Fred	Parliament	Ntenjeru South MP	Kampala
8.	Hon. Arinda Gordon	Parliament	Bushenyi Municipality MP	Kampala
9.	Ms. Nantongo Fortunate	Parliament	Legal Counsel	Kampala
10.	Mr. Bwire Webby	Parliament	Clerk to Health Committee	Kampala
11.	Mr. Bagaga Ronald	Parliament	Legal Counsel	Kampala
12.	Mr. Henry Odetta	Parliament	Clerk	Kampala
13.	Ms. Nabatanzi Lillian	Parliament	Network of Women Parliamentarians	Kampala
14.	Mr. James Opito	Gulu NGO Forum	Executive Director	Gulu
15.	Mr. Brian Alex Kiira	Initiative for Social and Economic Rights	Program Manager, Right to Health	Kampala
16.	Ms. Kaleebi Josephine	Reach Out Mbuya	Executive Director	Kampala
17.	Mr. Bengo Badru	Uganda Insurers Association	Life and Pensions Manager	Kampala
18.	Mr. Matovu Muhammed	Federation of Uganda Employers	Marketing Executive	Kampala
19.	Mr. Dan Okanya	Federation of Uganda Employers	Head, Policy and Research	Kampala
20.	Mr. Musisi Zziwa Abdullah	Nyimbwa Multipurpose organisation	Managing Director	Luwero
21.	Mr. Noryega Allan	Luwero West Child Development Centre	Child Development Officer	Luwero
22.	Mr. Niwaha Edwin	New Hope Uganda	Software Developer	Nakaseke
23.	Ms. Nansamba Rukia	Uganda Muslim Medical Bureau	Finance Manager	Kampala
24.	Sr. Elisabeth	Amuca SDA HC III- Lira	In charge	Lira
25.	Mr. Ronald OPeda	Goli HC IV - Nebbi	Medical Superintendent	Nebbi
26.	Mr. Timayo Alfred	St. Pauls HC- Kasese	Administrator	Kasese
27.	Ms. Christine Makobole	UPMB	CHF Specialist	Kampala
28.	Mr. Asimwe Sam	Wentz Medical Centre	Programs Manager	Kampala
29.	Mr. Sekyanzi David Kitaakule	MBUSO	Board Chairman	Luwero
30.	Mr. Ndugwa Badru	Wakiso Head teachers Association	Executive Director	Wakiso
31.	Mr. Zaake Peter	Buganda Kingdom	Undersecretary	Kampala
32.	Mr. Bakunda Patrick	Uganda Central Cooperative Financial	Chief Executive Officer	Kampala

		Services Limited		
33.	Dr. Dick Kamuganga	Uganda National Farmers' Federation	President	Mbarara
34.	Dr. Felix Kaducu	Gulu University	Dean, Faculty of Medicine	Gulu
35.	Mr. Ramathan Ggoobi	Makerere University Business School	Lecturer / Economist	Kampala
36.	Dr. Nkonwa Herbert Innocent	Luwero District Local Government	DHO	Luwero
37.	Mr. Serugo Joseph	Luwero District Local Government	Vice Chairman	Luwero
38.	Ms. Aisha Kayaga	Luwero District Local Government	Member Health Committee	Luwero
39.	Dr. Byamukama Agaba	Nakasongola District	District Health Officer	Luwero
40.	Mr. Mukungu Paul Ssenyonga	Luwero Town Council	Mayor	Luwero
41.	Ms Wadda Grace	Luwero Town Council	Councillor	Luwero
42.	Ms. Zalwango Madina	MBUSO	Kakinzi scheme	Luwero
43.	Mr. Kafeero Anatoli	MBUSO	Kyawangabi scheme	Luwero
44.	Mr. Sembatya	MBUSO	Luwero Town Council	Luwero
45.	Ms Peace Uwor	Smart Applications International (U)	Business Development Manager	Kampala
46.	Ms Hadija Omar	Smart Applications	Customer Relations Officer	Kampala
47.	Ms. Sharon Munguryek	Smart Applications	Business Development Officer	Kampala
48.	Mr. Trevor Biransesha	HealthPartners Uganda	Programs Manager	Kampala
49.	Ms. Georginah Byanjeru	HealthPartners Uganda	Administrative Coordinator	Kampala
50.	Ms. Solome Najjingo	UCMB		Kampala
51.	Ms. Grace Ssali Kiwanuka	Uganda Healthcare Federation	Executive Director	Kampala
52.	Ms. Robinah Kaitiritimba		Executive Director	Kampala
53.	Mr. Edema Jimmy	Bishop Asili Hospital	PHO	Luwero
54.	Mr. Steven Mondo	HCPU	Program Officer	Kampala
55.	Ms. Jane Waigo	Karin Community HC	FAM	Gulu
56.	Ms. Leticia Nakimuli	Save for Health Uganda	Board Chair	Kampala
57.	Mr. Fredrick Makaire	Save for Health Uganda	Executive director	Kampala
58.	Ms. Juliet Nazibanja	Save for Health Uganda	Programs Officer	Kampala
59.	Ms Asio Veronica	Save for Health Uganda	Fin. & Admin Officer	Kampala
60.	Ms. Nnamulondo Proscovia	Save for Health Uganda	Communication & Advocacy Officer	Kampala
61.	Mr. Kabaale Robert	Save for Health Uganda	Ass Programs Officer	Kampala
62.	Mr. Kenneth Waiswa	Save for Health Uganda	Ass Programs Officer	Kampala
63.	Mr. Mujuni Wilfred	Save for Health Uganda	Senior Field Officer	Kampala
64.	Ms. Kemigisha Josephine	Save for Health Uganda	Administrator	Kampala
65.	Mr. Sekyanzi Badru	Save for Health Uganda	Driver	Kampala
66.	Mr. Oromchan Samuel	Save for Health Uganda	Driver	Kampala
67.	Dr. Martin Ruhweza	Healthwise Uganda	Rapporteur	Kampala
68.	Ms. Akankwatsa Patricia	Healthwise Uganda	Rapporteur	Kampala
69.	Ms. Lillian Magezi	New Vision	Journalist / Editor	Kampala
70.	Ms. Irene Abalo	Daily Monitor	Journalist	Kampala
71.	Ms. Adiah Nakuti	UBC	Journalist	Kampala
72.	Mr. Arafat Shaffick	NTV	Journalist	Kampala
73.	Mr. Mike Sebalu	Radio One	Journalist	Kampala



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

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