



Civil Society Budget Advocacy Group

CSO POSITION PAPER ON THE HEALTH SUB PROGRAMME FY2025/26 BUDGET

Presented to the Uganda Parliament Committee of
Health , March 2025



Samasha
Advocacy for Improved Health Systems



STRONGMINDS



World Vision



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1. Coalition for Health Promotion and Social Development (HEPS-Uganda)
2. Movement of Women Living with HIV in Uganda (MOWHA) Women @40
3. Strong minds
4. AIDS Healthcare Foundation Uganda Cares
5. National Platform for People Living with HIV/AIDS in Uganda
6. Community Voice and Action practitioner World Vision-Kamwenge
7. Wilmart Development-Bugweri
8. Integrated Rural Community Based Initiatives (IRUCOBI)- Kakumiro
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1. About CSBAG

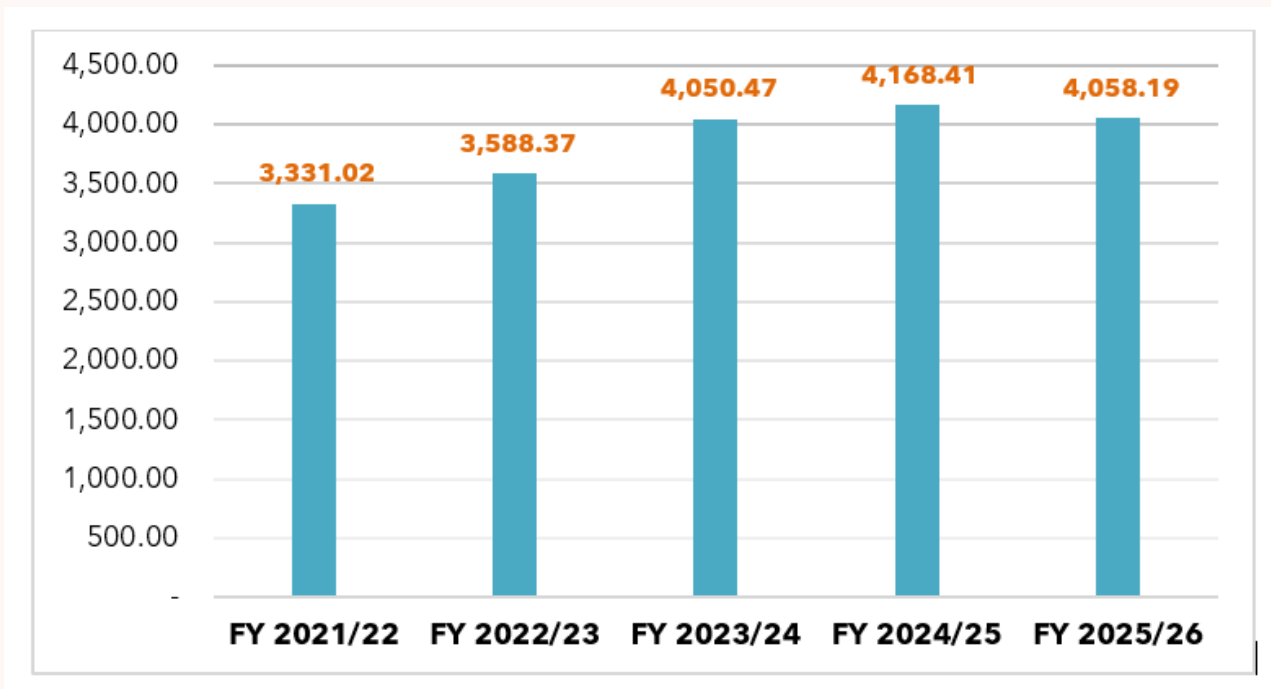
Civil Society Budget Advocacy Group (CSBAG) is a coalition formed in 2004 to bring together civil society actors at national and district levels to influence public resource allocation and accountability. Since 2004 CSBAG engages Uganda's budget process to incorporate the views of the marginalized people in the national budget. In line with this, CSBAG annually produces CSO positions on the proposed public expenditure layout for each upcoming fiscal year in response to the national budget. This paper examines Uganda's FY 2025/26 health sector budget, highlighting key achievements, persistent challenges, and strategic recommendations.

2. BACKGROUND ON THE HEALTH SUB PROGRAMME

A strong health sector is essential for national development, economic growth, and social well-being. Uganda's Vision 2040 recognizes Human Capital Development (HCD) as a key driver of progress, emphasizing the need for a healthy population to support sustainable economic growth. The Human Capital Development Programme (HCDP) aligns with the National Development Plan IV (NDP IV), particularly in enhancing human capital development and increasing productivity across key sectors such as agriculture, minerals, oil and gas, tourism, ICT, and financial services. The health sector plays a critical role in achieving Objective Three of the HCDP: improving population health, safety, and management. It contributes to key national goals, including increased life expectancy, reduced maternal and child mortality rates, and lower fertility rates. Additionally, the sector is vital in ensuring access to safe water, sanitation, and hygiene services.

Despite progress, issues such as funding gaps, shortages of essential medicines, and an inadequate health workforce continue to hinder the goal of Universal Health Coverage (UHC). Addressing these challenges requires increased budget allocations and targeted investments to strengthen the health system and ensure quality healthcare for all Ugandans.

Figure 1: Population Health and Safety Sub-Program Budget FY2021/22–FY2025/26



Although allocations toward the health subprogram have been increasing over time, they are set to decline by 2.6 percent in the coming FY 2025-26, from UGX 4,168.4 billion approved for the 2024/25 financial year to now UGX4,058.2 billion for 2025/26. The vote most affected by this allocation has been the Uganda Heart Institute, with a decline of 20.2 percent from last year's allocation. Other votes seeing a decline have included Uganda National Medical Stores (13.8% decline), Kawempe National Referral Hospital (8.5% decline), and Mbale Hospital (6.1% decline). On a positive note, however, the Ministry of Health has seen a positive jump in its budget from UGX 1,343 bn approved for 2024/25 FY to UGX1,529 bn now being proposed for the coming FY 2025/26.

3. KEY ACHIEVEMENTS REGISTERED SO FAR UNDER THE SUB-PROGRAM FY2024/25

Civil Society Organisations applaud the Ministry of Health on key milestones in 2024/25 including the following among others.

- The health sector registered significant progress in FY 2024/25, contributing to improved service delivery and infrastructure development. Notable achievements include the deployment of 1,807 medical interns and 782 Senior House Officers across the country, with 1,786 interns and all Senior Health Officers (SHOs) receiving payment by December 2024. Busolwe General Hospital was fully rehabilitated, equipped, and operationalized, while rehabilitation efforts for eleven general hospitals progressed, averaging 20% completion due to funding delays.
- Emergency response services were enhanced with the commissioning of 255 road ambulances and 14 boat ambulances. Laboratory and Intensive Care Unit (ICU) capacity expanded, with two BSLII laboratories in Fort Portal and Lira RRHs reaching 90% completion, alongside the establishment of new ICUs and isolation units. In response to the Mpox outbreak, 1,712 cases were confirmed, with 1,089 recoveries, reflecting effective disease control measures.

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“The health sector plays a critical role in achieving Objective Three of the HCDP: improving population health, safety, and management.

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- Vaccine distribution also improved, with routine immunization vaccines supplied to 146 districts through GAVI support, and all local governments integrated into the eLMIS system for efficient vaccine management. Additionally, 17 major hospitals and central workshops underwent medical equipment assessments to ensure service quality.
- Support for Private Not-For-Profit (PNFP) health facilities increased, with UGX. 11.7bn allocated through Joint Medical Stores for medicine procurement. The Paediatric Emergency Hospital in Entebbe received a subvention of Shs. 8.6bn to provide free medical services to children, further strengthening paediatric healthcare.
- Immediate management of the HIV/AIDS response despite the withdrawal of some donor support through the integration of health services across the country, commissioning of the Satellite laboratory at Lira Regional Referral Hospital, and procurement of over 3.5 million malaria vaccines for integration into routine immunization.

These achievements underscore ongoing efforts to enhance Uganda’s healthcare system, ensuring improved accessibility, quality, and efficiency in service delivery across the country.

Achivements in Numbers

255 road ambulances and 14 boat ambulances commissioned

146 districts supplied with routine immunization vaccines through GAVI support,

Shs. 8.6bn allocated to Emergency Hospital in Entebbe to provide free medical services to children.

1,807 medical interns and 782 Senior House Officers deployed across the country. 1,786 interns and all SHOs received their payment by December 2024.

4. Key CSO Issues of Concern

1

Health financing deficits arising from the withdrawal of donor funding and support

Following the US withdrawal of funding and support to key health programs in Uganda, funding shortages are amounting to over UGX 604 billion in the health sector. Some of the key programmes affected include: (i) HIV/AIDS (UGX 243.2 billion), (ii) malaria control (UGX 121 billion), (iii) human resources support (UGX 67.8 billion), (iv) tuberculosis (UGX 60.2 billion), (v) health information systems (UGX 36.9 billion), (vi) health care waste management (UGX 22.2 billion), (vii) laboratory systems (UGX 35.4 billion), (viii) nutrition services (UGX 16.5 billion), and (ix) neglected tropical disease (UGX 0.78 billion). This will negatively affect health service delivery and reverse the progress that has been made by the government on the delivery of health services to the people of Uganda.

Recommendation(s):

- The Ministry of Health should engage the Ministry of Finance Planning and Economic Development to increase domestic financing for health programs and reduce reliance on unreliable external financing. This will ensure continued access to life-saving HIV, TB, maternal, and child health services
- The 2nd BCC has directed all MDAs to allocate 0.1% of their Budgets to HIV/AIDS interventions. The Uganda AIDS Commission, Ministry of Finance and Ministry of Health should ensure adherence to the second BCC directive for all Ministries, Departments and Agencies and Local Governments to allocate 0.1% of their budgets to HIV/AIDS interventions, which could translate to UGX 66 billion.
- We urge the government to fast-track the finalization of the HIV Sustainability Roadmap to ensure long-term, sustainable financing and effective response to the HIV epidemic. Accelerating this process will strengthen Uganda's commitment to ending HIV as a public health threat and enhance resource mobilization, efficiency, and accountability in HIV programming.
- The Ministry of Finance, Planning, and Economic Development to allocate in the FY 2025/26 UGX 10 billion to the Ministry of Health to enhance the health information system (HMIS/DHIS2) which largely depended on external financing particularly Data for Health (D4H), review, procure, disseminate, distribute Health Management Information System (HMIS) tools to health facilities, retool health facility teams and Village Health Teams/Community Health Extension Workers (CHEWS), and community structures in Integrated Community Case Management (ICCM), birth, and death notification, reporting, and data utilization for better surveillance, planning, resource allocation and targeted health interventions

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2

Expiry of drugs amidst Persistent Stockout of Essential Medicines and Health Supplies

The National Medical Store in Uganda is mandated to procure, store, and distribute Essential Medicines and Medical Supplies to all Public Health Facilities in the Country. The FY2023/24 audit revealed that medicines worth UGX.316.65 billion, including COVID-19 vaccines, ARVs, test kits, and related supplies, were expired, representing an 860% increase from UGX.33 billion worth of expired drugs in FY2022/23. Regarding condom procurement and distribution, of the 415,000,000 condoms procured for distribution, only 123,593,368 condoms were distributed due to inconsistent funding in last-mile delivery.

According to the Ministry of Health, National integrated quantification for all Essential Medicines and Health Supplies (EMHS) for the FY2024/25, the country struggles with a funding gap in the provision of essential medicines to the population estimated USD 478,653,786 which is a 32% increase from USD 363,567,334 in FY2023/24 which has led to persistent drug stockouts. The expiry of medicines leads to financial loss to the government, directly impacting service delivery as evidenced in the deficits in meeting the health facilities' EMHS demands.

Table 1: Procurement need per commodity category (USD) for FY 2024/25

Commodity category	Required	Amount committed	Funding Gap
MHS public sector	\$102,728,021	\$83,875,933	\$18,852,088
EMHS PNFP sector	\$9,982,936	\$3,677,379	\$6,305,557
NCD Commodities	\$138,914,923	\$542,133	\$138,372,790
Oxygen Commodities	\$13,641,347	\$2,924,553	\$10,716,794
Vaccines and Associated supplies	\$78,322,629	\$56,180,641	\$22,141,988
PHE Commodities	\$13,359,143	\$533,333	\$12,825,810
TB Management commodities	\$12,479,098	\$12,101,387	\$377,710
Hepatitis B commodities	\$1,460,071	\$0	1,460,071
STI Commodities	\$99,078,760	\$7,939,203	\$89,447,067
ARV Medicines	\$169,324,728	\$131,369,074	0
HIV Prevention commodities	\$26,012,112	\$16,679,187	2,453,394
Laboratory diagnostics	\$157,614,479	\$111,721,760	\$34,123,780
Condoms and Associated commodities	\$9,223,801	\$7,890,856	\$748,752
Family planning commodities	\$22,773,211	\$10,255,451	\$12,517,760

Family planning commodities	\$22,773,211	\$10,255,451	\$12,517,760
Maternal Child Health Commodities	\$28,776,488	\$6,355,264	\$22,421,224
Malaria Commodities	\$85,672,109	\$56,876,878	\$28,795,230
Humanitarian response commodities	\$33,818,966	\$0	\$33,818,966
Nutrition commodities	\$35,695,860	\$1,977,259	\$24,349,769
Neglected Tropical Diseases Commodities	\$33,728,104	\$11,346,091	\$31,750,845

Source: MoH Fact sheet-FY 2024/2025 Integrated Quantification for Essential Medicines and Health Supplies, June 2024

Recommendation

- The National Medical Store should ensure proper planning is undertaken to avoid excessive procurements leading to overstocking and thus expiring of drugs.
- The Ministry of Health should provide funding for the following unfunded priorities: UGX 5.9 bn for the provision of medical supplies under the National Medical Stores for upgraded health facilities in FY2025/26; UGX. 5bn to operationalize the Uganda Organ Donation and Transplant Council and facilitate the Uganda Medical Board to reduce referrals abroad; UGX 7bn for maintenance of the new imaging equipment (CT scans, MRIs, and Ultrasound); UGX. 12.97bn for the maintenance of all the Oxygen plants across the country annually; UGX 11.85bn for the procurement of transformers that will stabilize the power supply for the newly acquired medical equipment; UGX 3.75bn for the functionalization of the 36 medical waste incinerators; UGX 4bn for the rollout of the Electronic Medical Records system (EMR).
- There should be enforcement of the guidelines of the National Medicines and Supplies Redistribution Strategy developed by the Ministry of Health to empower health workers at all levels of care to carry out redistribution of medicines and supplies that are not needed or are about to expire.
- The Ministry of Health should fund the last-mile delivery & distribution of condoms to avoid wastage

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Medicines worth UGX.316.65 bn including COVID-19 vaccines, ARVs, test kits, and related supplies were expired representing an 860% increase from UGX.33 billion worth of expired drugs in FY2022/23 (OAG Report, 2024)

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3

Persistent staffing gaps in health facilities

The FY2023/24 audit report revealed staffing gaps in several health entities and hospitals. From Table 2 below, of the assessed health facilities, unfilled positions reach up to 63% for example under the Uganda Blood Transfusion Services, out of 1,137 approved positions, 318 positions were filled, leaving 819 positions vacant while at Mulago NRH, the staff establishment of 2351, only 1369 (58%) positions were filled leaving a staffing gap of 983 (42%).

Staffing shortages are deemed to affect the overall functionality of the health facilities, which is low, with only 59% of health facilities ready to provide general services, varying by location at 66% in urban areas, 60% in peri-urban areas, and 55% in rural areas. Such staffing gaps deny citizens access to essential medical services and hinder the effective implementation and enforcement of policies. Meanwhile, in August 2024, the ministry presented a report to Parliament on the issue of medical interns. The report indicates that there were 2,706 medical interns eligible for deployment since 2023. However, the Ministry of Finance allocated UGX 23.4 billion, leaving a shortfall of UGX 18 billion. With the available funds, they could only deploy the cohort of 2023 and the previous years, totaling only 1,435 medical interns

Table 2: Staffing gaps in Health Facilities

Hospital/Health Entity	Approved Structure	Staff	Filled positions	Unfilled positions	% positions	Unfilled
Mulago NRH	2,351		1369	982	41.77	
Mbale RRH	1,265		354	911	72.02	
Kawempe NRH	934		435	499	53.43	
Kayunga RH	1,112		172	940	84.53	
Entebbe RRH	566		193	373	65.90	
Gulu RRH	485		339	146	30.10	
Lira RRH	532		324	208	39.10	
Mbarara RRH	1,269		301	968	76.28	
Mubende RRH	1,195		290	905	75.73	
Moroto RRH	368		24	344	93.48	
Jinja RRH	1,269		389	880	69.35	
Total	11346		4190	7156	63.07	

Source: Author's compilation using data from the Annual report of the Auditor General to Parliament for the Audit year ended 31st December 2024

Recommendation(s):

We commend the government for lifting the ban on the recruitment of health workers, however, the government should ensure adequate financing is provided to fill vacant positions in all health facilities in a phased approach beginning with those with very high staffing gaps.

4

Low Health insurance coverage in Uganda.

Between 27% to 41.4% of patients in Uganda often go into high debilitating debt to receive medical treatment

Community Health Insurance (CHI) is one of the mechanisms that can be explored to increase access to affordable health care and to generate additional resources to finance health services. According to the UDHS 2022, only 1% of women and men aged 15 - 49 years had heard of health insurance and were insured. Insurance coverage was higher among urban women (1%) than their rural counterparts (0.3%). The same pattern holds for men (4%) versus women (1%). This is the same as the Census 2024 finding of 1% health insurance coverage (Males 1.1% and females 1%). In terms of regional variation, Kigezi leading at 2.9%, followed by the Buganda sub-region (1.7%), and the Bukedi sub-region lagging at 0.4% .

Likewise, the coverage of Community Health Insurance schemes remains low in the country - mainly attributed to the persistent losses incurred by these schemes (due to the high operational costs yet low premiums are charged) and limited awareness among communities. Currently, there is no law regulating the activities of CHIs, which threatens their existence. Those struggling to survive have resorted to registering as health co-operatives.

Additionally, in Uganda, out-of-pocket expenditure on health care is high and ranges between 27% to 41.4%, and patients often go into highly debilitating debt to receive medical treatment. The USAID Health Partners: Health Cooperatives report reveals that high out-of-pocket health expenditure is driving many Ugandans, especially women, into extreme poverty through selling assets, borrowing money, or using credit to pay for health care.

The Annual Health Sector Performance Report 2020/2023 revealed that the share of the health budget to the national budget was at 7.7% compared to 7.6% the previous year which falls below the Abuja Declaration of 15% The rate of growth of the health budget reflects a consistent average share of above 7% over the period indicating the government's continued commitment to improving the health needs of the population. The report adds that increasing population growth rates result in a very low per capita allocation to health of UGX81,859 (US\$22.4 against the WHO recommendation of US\$86), which is inadequate to achieve Universal Health Cover by 2030.

Recommendation(s)

- The Ministry of Health should fast-track legislation of the National Health Insurance Bill, (NHI) 2019, which will help reduce out-of-pocket healthcare expenses by providing financial protection and ensuring access to necessary medical services without substantial hardship.
- Parliament to give the government a time limit to have NHI Bill 2019 concluded; however, the CHI schemes should also be supported to grow and expand their coverage in the country to safeguard against catastrophic health expenditures within the communities. In particular, the Ministry of Health should enact a law to support the existence of CHIs in the country.

5

Increasing number of mental health conditions

12% of Ugandans aged 10 and above experience psychological distress (The National Population and Housing Census 2024, UBOS).

Mental health disorders are a significant public health concern in Uganda, referred to as a silent epidemic, affecting a significant population, especially the young. Recent estimates indicate that approximately 32% of Ugandans, equivalent to 14 million individuals out of a population of 43.7 million, are affected by mental illnesses. The National Population and Housing Census 2024 also noted that approximately 12% of Ugandans aged 10 and above experience psychological distress. These findings underscore the pressing need for enhanced mental health services.

A 2022 research report on mental healthcare in Uganda found that the country only had 53 psychiatrists nationwide, implying approximately one psychiatrist per 1 million people. The latest staffing norms by the government provide for an increase in the number of staff in public health facilities. The Annual Health Sector Performance Report

(AHSPR) 2022/2023 notes that mental health conditions contributed 1% of all OPD attendances. An increase of 16% was observed in the number of outpatient attendances due to mental health conditions registered in FY 2023/24. OPD attendance due to mental health conditions was highest among females 20 years and above (41%) compared to other population groups. OPD attendance due to alcohol use disorder and substance (drug) use disorders was up to three times higher among males than females.

Consequently, even as the average bed occupancy rate (BOR) for national referral and specialized hospitals was 83%, Butabika National Mental Health Referral hospitals had the highest BOR of 210%. Amidst this, the hospitals' allocations have stagnated in the previous financial years and are planned to remain unchanged at only Ugx 21.1 billion in FY2025/2026.

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Uganda has only 53 psychiatrists nationwide implying approximately one psychiatrist per 1 million population (A 2022 research on mental healthcare in)

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Recommendations (s)

- Increase budget allocations from the current 1%-10% for mental health: Progressive allocation to achieve at least 10% of the health budget for mental health in line with the WHO recommendations and focus on community health interventions, for example, start with a 2% FY 2025/26, 4% FY2026/27
- Expand the mental health workforce: Lift the ban on recruitment to allow districts to recruit critical mental health workers such as psychiatrists, Clinical Psychologists, and psychiatric nurses as recommended by the revised staffing norms released by MOH 2023, including operationalizing the District Counsellor Office as a position for local government.
- Strengthening community-based mental health support: Allocate funds for districts to support Community Health Workers/Village Health Teams (VHTs) to provide psychoeducation, psychotherapy, and referrals as well as expand community rehabilitation programs for people with severe mental illnesses.

6

Limited prioritization of nutrition in the Discretionary Development Equalization Grant

Malnutrition is a cross-cutting issue of public health concern requiring multisectoral investments as stipulated under UNAP II. Under UNAP II (2020/21-2024/25), the Ministry of Health among other MDAs and LGs is mandated to support the strengthening of nutrition coordination and partnerships at all levels, strengthening nutrition advocacy, communication, and social mobilization for nutrition, and strengthening coherent policy, legal, and institutional frameworks for nutrition strategies.

Whereas, under paragraph 64 and 96 in the first and second budget call circular, respectively for FY2025/26 call upon all accounting officers to ensure that support is directed towards immunization programs, child nutrition, health services, and child protection efforts to prevent abuse, exploitation, and neglect, however this does not directly indicate the percentage that must be committed by all local governments towards mainstreaming nutrition services.

Recommendations (s)

- Parliament, with support from the Ministry of Health, should direct the Ministry of Local Government to issue a directive to allocate at least 2% of the Discretionary Development Equalization Grant (DDEG) towards nutrition coordination at the local government level in the FY2025/26 guidelines.

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Ministry of Health among other MDAs and LGs is mandated to support the strengthening of nutrition coordination and partnerships at all level

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7

Low Birth and Death registration affecting data quality for planning in health facilities

In Uganda, the Health sub-program collaborates with the National Identification and Registration Authority (NIRA) which is mandated to register Births and Deaths. The Registration of Persons Act of 2024 (amended) provides for compulsory registration of all births and deaths and issuance of appropriate certificates. It also mandates all medical facilities to record vital events and file returns to registration officers within their jurisdictions. Similarly, it mandates reporting of vital events occurring outside medical facilities in the communities to NIRA.

Unfortunately, the recently concluded National Population and Housing Census 2024 revealed that Uganda's population stands at 45.9 million, but only 31.8% had a birth notification, and 11.4% had a birth certificate. This falls short of the SDG indicator 17.19.2, which targets 100% birth and 80% death registration by 2030. This simply means that 40.6 million Ugandans did not have birth certificates. Expectant mothers and their spouses are not sensitized during ANC Visits to prepare for birth notification and registration. Health workers, VHTs, and local leaders in communities need information about CRVS to mobilize communities.

This low birth and death registration makes it difficult for health sub-programs to obtain accurate population statistics and hampers effective planning and allocation of resources, such as vaccines, medicine, and commodity quantification in healthcare facilities, and it becomes difficult to surveil public health threats, addressing factors leading to maternal, infant and child deaths in public without proper identification and statistics.

Recommendations (s)

- The Ministry of Finance, Planning, and Economic Development should allocate in the FY 2025/26 Ugx 4 billion to the Ministry of Health to enhance the capacity of health institutions and community structures in birth and death data collection, reporting, and utilization. This will help conduct nationwide sensitization and training for healthcare workers, Village Health Teams (VHTs)/CHEWs, and local leaders on the importance of CRVS and the processes for birth and death registration.
- The Ministry of Health should strengthen the integration of birth and death notification and issuance of Medical Certificates of Cause of Death (MCCD) into HMIS of public and private health facilities as a key performance area (KRA) to ensure accountability and improve health data quality.

8

Delayed finalization of the Food and Nutrition Bill and the review of the 2003 Policy.

The Food and Nutrition Policy 2003 recognizes the role of food security in promoting good Nutrition and ensuring the overall health and the socio-economic well-being of a population. Although its review is currently underway, it has also lagged for so long.

The Mid Term Review of UNAP II revealed that only 20% of indicators under the plan were achieved, and this poor performance was attributed to discrepancies between nutrition indicators in the plan and the Program Implementation Action Plan under NDPIII. Despite this, efforts to draft a new nutrition plan are minimal and outside the planning time framework, which continues to threaten progress in enforcing an enabling environment for achieving food security and nutrition outcomes.

Recommendations (s)

- The government needs to fast-track the finalization of the review of the Food and Nutrition Policy, 2003, to provide a policy framework that will guide and shape nutrition interventions in Uganda.
- The Ministry of Health, together with MAAIF, OPM, and Ministry of Education, should conduct a review of UNAP and draft a new action plan related in tandem to the NDPIV and the new strategic direction.
- Parliament needs to prioritize the enactment of the Food and Nutrition Bill into a law to enable a mechanism that supports the implementation of the food and nutrition policy

5. Conclusion

While the health sector has made significant progress in key areas such as infrastructure development, emergency response, and disease control, persistent challenges remain. Funding gaps, shortages of essential medicines, inadequate staffing, and limited access to specialized healthcare continue to hinder efforts toward achieving Universal Health Coverage (UHC). Addressing these challenges requires increased budget allocations, improved resource management, and strategic investments in human capital and health infrastructure. Strengthening governance, enhancing coordination, and prioritizing preventive healthcare will be essential in building a resilient and sustainable health system that guarantees quality healthcare for all Ugandans.

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Vision

A Uganda with a people centered budget that dignifies humanity.

Mission

Working towards ensuring that resource mobilization, allocation and utilization is inclusive for a transformed Uganda.

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