

#### THEME:

"Advancing Universal Health Coverage through a Resilient, Efficient, and an Integrated Health System."



Speke Resort Munyonyo - Victoria Ball room



9<sup>th</sup> to 10<sup>th</sup> December, 2025.

# Progress in implementation of the 30<sup>th</sup> JRM Aidememoire

Dr. Wambi Peter

#### Thematic Area: Leadership and Governance

Issue	Recommendation	Progress
Integration of health services	Develop a health services integration	
is greatly undermined by	framework for Uganda to guide all	A framework developed. To be launched
fragmentation (siloed inputs	stakeholders in implementing activities	and disseminated.
and implementation).	at all levels.	
Address / improve	Finalize and disseminate the Joint	A Joint planning and Budgeting
inefficiencies in health service	Planning and budgeting guidelines: The	framework developed; to be launched
delivery.	One Plan, One Budget and One M&E.	and disseminated
Poor performance in some regions / districts due to weak leadership, management and supervision by the LGs.	Communicate to the LG leadership to strengthen their oversight role through regular support supervision, monitoring and performance evaluations.	<ul> <li>LG across the country have been engaged</li> <li>Quarterly integrated performance reviews</li> <li>Integrated support supervision activities</li> </ul>
	Develop and disseminate health service monitoring checklists for LG Leadership.	An integrated support supervision tool that will guide both LG and RRH is being developd.

#### Thematic Area: Leadership and Governance

Issue	Recommendation	Progress
Inadequate support and engagement of the MoH in the Regional Supervisory Mechanism	Establish a forum for regular strategic level engagements between the RRHs and MoH Heads of Departments to streamline the stewardship role.	<ul> <li>Multiple fora have been established</li> <li>Monthly Executive consultants meeting with MOH Top Management,</li> <li>Quarterly Executive consultants' meetings.</li> <li>Forums for Regional Performance Review</li> </ul>
Delayed induction of Hospital Management Boards affects hospital performance under leadership and governance assessment	Decentralize the responsibility of induction of Hospital Management Boards to the Referral Hospitals	Consultation is still ongoing on how to decentralize induction of hospital boards.  • All Institutional boards were constituted, inducted and functional except for Masaka RRH

#### Thematic Area: Human resource for health

Issue	Recommendation	Progress
High rates of	Develop or implement a training plan that ensures an organized award of study leave	HR panning is part of the ongoing. LG health care managers (DHT. CHT, MHT)
absenteeism by staff exacerbated by health workers on continuous training for upgrading	Put in a place a Human Resource Development framework that guides on which courses are relevant based on their current work.	Reviewing the HR for health 10year Strategy. This will inform the development of a comprehensive HR development framework.

#### Thematic area: Health Infrastructure

Issue	Recommendation	Progress
Inadequate funding for rehabilitation of General Hospitals infrastructure	<ul> <li>Develop a list of hospitals that need to be rehabilitated.</li> <li>Prioritize hospitals that are in a poor condition and develop project profiles for funding under the NDP IV</li> </ul>	The List of the GHs have been developed and the profile is in place for submission to MoFPED. This includes 16 General Hospitals; Abim, Apac, Atutur, Itojo, Bundibugyo, Kagadi, Kitagata, Kitgum, Pallisa, Kiboga, Masindi, Tororo, Bududa, Gombe, Kambuga and Kapchorwa. This will require estimated Ugx.1,632,332,426,379 over a period of five (05) years.
High cost of maintenance for Oxygen plants, Regional Incinerators and other equipment.	Present the additional cost requirement to MoFPED for resource allocation and clearance of the arrears.	<ul> <li>MOH engaged MOFPED. Funds have not been appropriated yet.</li> <li>Maintenance and repair -ugx. 6.13Bn.</li> <li>Electricity Bills -9.6Bn per year.</li> <li>20 New Oxygen plants -Ugx. 8.6Bn installation</li> </ul>

#### Thematic area: Health Infrastructure ct'd

Issue	Recommendation	Progress
None functionality of newly constructed Blood Banks	Provide adequate funding, human resources and equipment to the regional blood banks to enable them become fully functional.	They have all been equipped, are operational, more staff being recruited
Poor access to health services for hard-to-reach areas especially Karamoja.	Procure mobile Vans for integrated outreaches for hard-to-reach areas of Karamoja.	Integrated outreach trucks with mobile CXRs and laboratories have been procured for all RRH. Moroto RRH received a truck to serve the Karamoja region.

#### Thematic Area: Health Financing

Issue	Recommendation	Progress
Off budget	Include the off-budget financing report finalized in the annual sector performance report.	Data collection for off-budget resource tracking FY 2024/25 and data analysis completed. The report is yet to be validated.
financing was not included in the AHSPR	Include a session on alignment of off-budget and development partner sponsored projects to national health priorities in future JRMs.	This is not yet on the program for the JRM. Preference was to establish systems for tracking off budget support. The system is in place and robust analysis will be conducted and discussed next Year's meeting.
Non-disclosure of Development Partner funding in LGs	Development Partners to provide IPFs for inclusion in the BFP as per the BCC	This is not yet achieved. However, MOH has developed and digitized a partner mapping and tracking tool to improve transparency and disclosure of available funding.

## Thematic Area: Health Financing ct'd

Issue	Recommendation	Progress
Reduce fragmentation of off-budget resources.	Strengthen a virtual pooling option where off- budget funding is declared and factored in the IFMs and in the work plans at national and sub national levels.	The virtual pool has been developed. It is hosted on the MOH server.  MOH is now developing the governance structures and functions of the virtual pool.
Inequitable allocation of non-wage resources to RRHs.	Develop an allocation formula for Regional Referral Hospitals.	A concept to equitably allocate non-wage to RRH has been developed. The plan is to improve and expand the current result-based financing model to general and regional referral hospitals.

#### Thematic: Medicines and Health Supplies

Issue	Recommendation	Progress
Inadequate GoU financing for Medicines at 3 USD per capita per year.	Develop a policy brief for engaging Parliament on increasing GoU budget allocation for medicines and health supplies.	Policy brief developed and disseminated among stakeholders including parliament to advocate for phased increase in the budget allocation for essential medicines and health supplies as per the 10-year supply chain roadmap.
Incomplete data on ARV stock status at health facility level	Dissemination of the revised HMIS tools to ensure accurate reporting of commodities at lower-level health facilities	Revision of the HMIS tools was completed and the tools are being piloted. Feedback from the pilot will refine the tools prior to approval by Top management

### Thematic Area: Service Delivery

Issue	Recommendation	Progress
Insufficient funds for ambulance servicing including maintenance at the	Prepare a Cabinet  Memorandum on increasing funding for operations and maintenance of ambulances.	<ul> <li>Funding ambulance servicing and maintenance at the regional hubs was included in the cabinet memo for additional sector funding. It is still an unfunded priority in the MPS 2025/26</li> </ul>
regional hubs.	Recentralize maintenance of ambulances to regional level.	<ul> <li>MOH engaged with LGs and the recentralization of ambulance maintenance was not agreed. The parties agreed to advocate for more resources to support repairs and maintenance</li> </ul>
Growing burden of NCDs, Communicable diseases and malnutrition.	Prioritize funding and implementation of Community Health interventions across the country.	The Ministry of Health with support from partners (World Bank, Global Fund, USG and Mastercard foundation) has mobilized resources to scale the CHEWs program country wide, in a phased manner
	Countrywide scale up of CHEWs	<ul> <li>By end of FY 24/25, 5288 CHEWs across 2699 parishes in 38 districts were trained and equipped</li> </ul>
		<ul> <li>An additional 3144 CHEWs in 1577 parishes in 32 districts will be starting training in January 2026.</li> </ul>
		<ul> <li>MOH is continuing to advocate for increase government allocation to CHEWs program.</li> </ul>

#### Thematic Area: Health Information System

Issue	Recommendation	Progress
Incomplete reporting from private health providers	Work with the private sector to jointly establish a mechanism for ensuring regular reporting from the private health providers.	<ul> <li>MOH is Integrating Private facility EMR with DHIS2- A pilot has been planned.</li> <li>MOH has included private health providers in HMIS trainings.</li> <li>Joint support supervision of private health facilities to ensure reporting has been undertaken.</li> </ul>
Reporting on vital Statistics	Work with NIRA to establish a holistic, interconnected system that tracks the registration of birth and death.	<ul> <li>DHIS2 is integrated with the NIRA system (MVRS) and captures deaths and births.</li> <li>The birth notification form was integrated with HMIS (Maternity register to facilitate birth notification.</li> </ul>
Capturing of Community Programme Performance indicators beyond the	Leverage on Community-led monitoring to obtain more comprehensive reporting for all diseases.	<ul> <li>This has commenced. MOH - Community health department convened an inaugural meeting with CSOs to discuss community led monitoring.</li> <li>a community led monitoring and social accountability framework.</li> </ul>

#### Summary



24 Recommendations made across 7 thematic areas.



Achieved 9 of the 24 recommendations



On track for 12 of 24 recommendations



Have not achieved 3 recommendations

## Thank you