

Geneva Health Forum

The private-Not-For-Profit Health Sector in Uganda

A life thread under threat

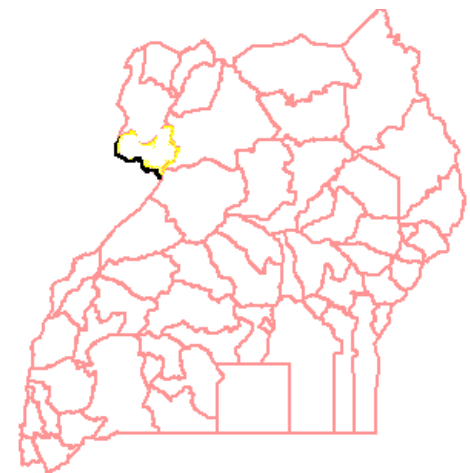
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Outline of presentation

- Explain the “PNFP” concept in Uganda
- The growth of the PNFP and contribution to National Health System
- Strength and weaknesses of the PNFP
- Challenges /threats faced by the PNFP
- Conclusion

Who are the PNFP?

- Private ownership but serve the public
- Aim not to make profit
- Need money to meet cost of services
- Surplus is not distributed or shared by owners
 - Used to improve services
 - Or reserved for development that improve services

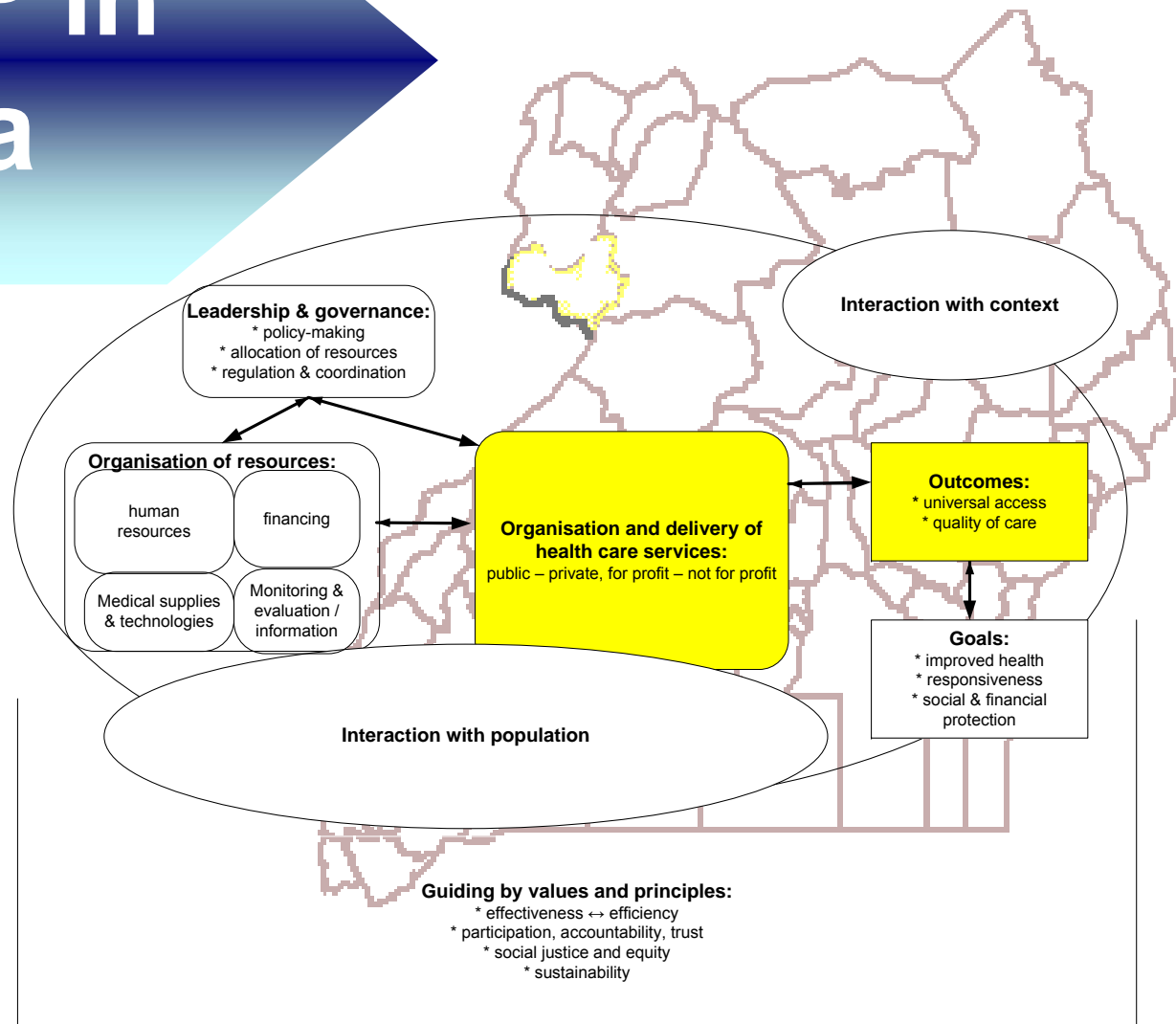
PNFP and Government

- Same goals and objectives
- Similar principles



Prof. Henry Mintzberge;
“Health is not a business, health is a Calling”;
Kampala, June 27th 2007



The PNFP in Uganda



Two major categories of PNFP

■ Facility based PNFP:

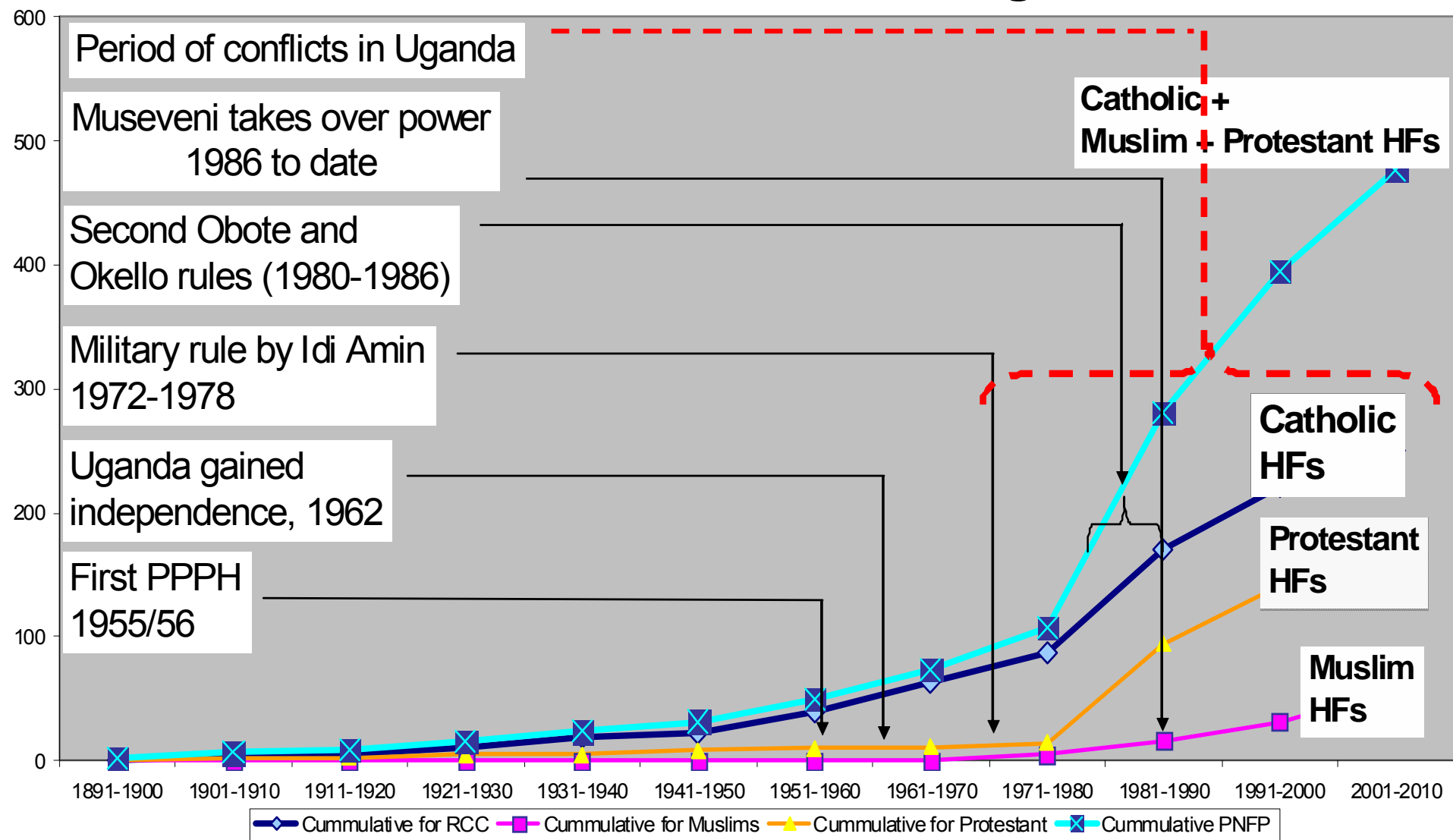
- Largely faith based
- Have a sizeable capital investment in place; i.e. Health Facilities
- 75% are organized under national umbrella organizations: the 4 medical bureaus

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- Non facility based PNFPs:
 - Do not directly own or operate health facilities
 - Support/undertake health development activities in partnership with government
 - Include international, national and local NGOs/CBOs

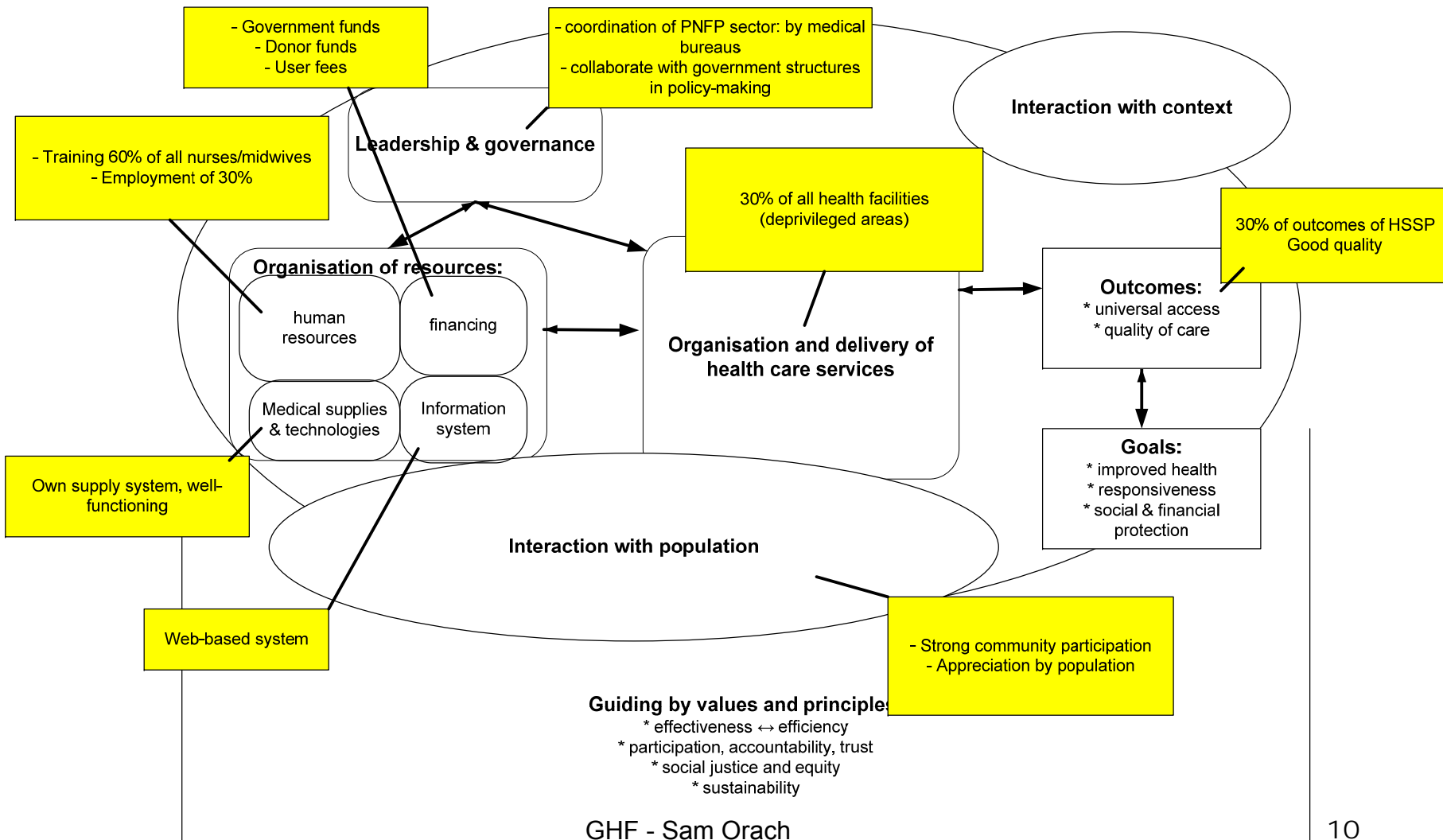
PNFP Coordination structures

- Facility based PNFP mainly coordinated by the religious medical bureaus:
 - Uganda Catholic Medical Bureau(1956)
 - Uganda Protestant Medical Bureau (1957)
 - Uganda Muslim Medical Bureau(1998)
 - Uganda Orthodox medical bureau(2009)
- Non Facility based PNFP:
 - Ad hoc coordination structures
 - Disease specific coordination
 - Uganda health NGO network?

Trend of growth of Catholic, Protestant and Muslim founded health facilities in Uganda



PNFP Contribution to the Health System



Key strengths of PNFPs

- Principle of subsidiarity works well with decentralisation policy
- Governance is closer to management – faster response
- Clearer focus on health systems strengthening
- FB-PNFP have strong coordination structures (national and sub-national)
- Technical level good in advocacy
- Services very much appreciated by community

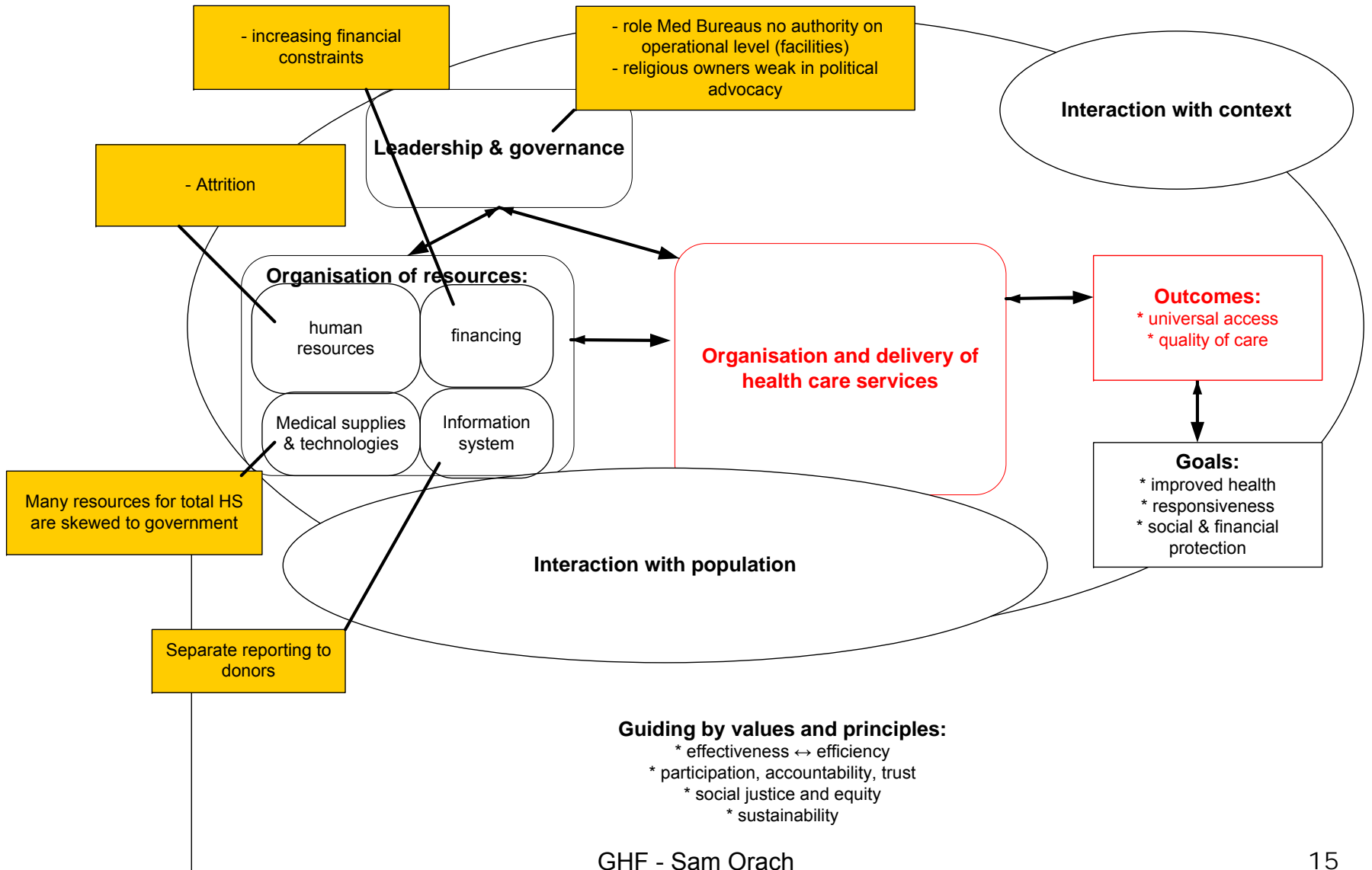
What Medical Bureaus have done-


Example of UCMB:

- Training in good Corporate Governance
- Development of Governance and Management tools
 - Assessing utilisation of tools
- Accreditation system – *Non in government*
 - Criteria include fulfilling key governance and management processes
- Strengthening downward and upward accountability
 - Mandatory report to Boards and Trustees
 - Encourage Annual Health Assemblies at district / sub-district level
 - Mandatory external audit

- **Functionality of HMIS incl. web-based HMIS in FB-PNFP**
 - Better than that of government
- **Strengthening patients safety practices as a way of improving efficiency in resource utilisation**
- **Trying to improve HR retention**
 - Improving HR management
 - Use of HR MIS to improve HR management
 - Training / scholarship
 - Non-monetary benefits
- **Advocacy for harmonisation of HR management and Terms and Conditions of employment with government**

The strains on the PNFP subsector



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- Local ownership / governance structure over rely on medical bureaus
 - Vertical programs weakening management and governance at facility levels
 - Contribution and organisation of the FB-PNFP is increasingly viewed negatively by sections of government
 - Reducing popularity of government facilities

Challenges / weaknesses of the PNFP (ii)

■ Non-FB PNFP

- Very diverse and weak coordination
- Absent central collation of information
- Mainly reporting to funding agencies / donors
 - Hence largely invisible yet big contribution
 - (*The “invisible visibles”*)

Strength of government system

- Large resource base
 - Favoured by bilateral and multilateral donors
 - Difficult to close shop
- Direct bureaucratic authority on districts and health facilities

Internal challenges / weaknesses of the government system

- Weak leadership
- Weak oversight
- No clear focus on strengthening Corporate governance and management
- Very wide and increasing accusation of massive corruption and mismanagement
- Weak resource management esp. HR & FR
 - Very unproductive workforce - absenteeism around 40% (*World Bank 2008*)

Conclusion

- Uganda is a good example of how:
 - PNFP can complement the National Health System
 - Multiplicity of players is important especially in states of instabilities
- But the good work of the PNFP is now its undoing
 - The effort to redeem government facility is leading to negative attitude towards PNFP
 - Reduction of budget support
- The government system can not be strengthened by simply weakening the PNFP
- Govt policies to reduce support to PNFP is counterproductive to the nation