

Priority or not? Ugandans continue to cite health as their most important problem, say access is difficult

Afrobarometer Dispatch No. 465 | Makanga Ronald Kakumba

Summary

Over the past decade, Uganda's government has made notable progress toward achieving some of the health-related targets set out in the Millennium Development Goals and their successor, the Sustainable Development Goals (SDGs). For example, between 2002/2003 and 2019/2020, maternal mortality fell by one-third, from 505 deaths to 336 deaths per 100,000 live births; infant mortality declined by half, from 87 to 43 deaths per 1,000 live births; and under-5 mortality dropped by more than half, from 156 to 64 deaths per 1,000 live births (Uganda Bureau of Statistics, 2013, 2020).

Despite these gains, Uganda's health system continues to face a number of obstacles. The health sector remains underfunded, falling far short of the 15% budget allocation recommended by the Abuja Declaration, to which Uganda is a signatory (Initiative for Social and Economic Rights, 2018). Between 2010 and 2016, the health-sector budget averaged 7.8% of the national budget (Lukwago, 2016); in 2020/2021, it accounted for 5.1% of the national budget, down from 7.9% in the previous financial year (Ministry of Finance, Planning and Economic Development, 2020).

Other major challenges facing Uganda's health system include grossly underpaid health workers, a shortage of health workers, inadequate supplies of medicines and essential equipment in government facilities, insufficient hospital beds, high costs, and poor accessibility to health services, particularly in rural areas (Nabukeera, 2016; Ministry of Health, 2020).

The current surge in COVID-19 cases in Uganda places an even greater strain on the already-overburdened health system. Hospitals are filled with COVID-19 patients, and with only a few intensive care units and an acute shortage of oxygen in hospitals across the country, critically ill patients are becoming increasingly difficult to manage, leading to an increase in COVID-19 mortality (Africanews, 2021).

Findings from Afrobarometer's most recent survey in Uganda show that health ranks at the top of citizens' priority problems needing urgent government action. Most Ugandans report going without needed medical care, a deprivation that is particularly common among poor citizens, rural residents, and respondents in the Northern and Eastern regions.

A large proportion of citizens who sought care at public health facilities experienced difficulty accessing care, and many had to pay bribes.

Overall, an increasing number of Ugandans say the government is doing a poor job of improving basic health services.

Afrobarometer surveys

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Seven rounds of surveys were completed in up to 38 countries between 1999 and 2018. Round 8 surveys (2019/2021) cover 34 countries. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice.

With financial support from the Embassy of the Kingdom of the Netherlands in Uganda, the Afrobarometer team in Uganda, led by Hatchile Consult Ltd., interviewed 2,400 adult Ugandans between 22 December 2020 and 7 January 2021 in 300 enumeration areas across 110 districts. A sample of this size yields country-level results with a margin of error of +/-2 percentage points at a 95% confidence level. This was the 11th Afrobarometer survey in Uganda since 1999.

Key findings

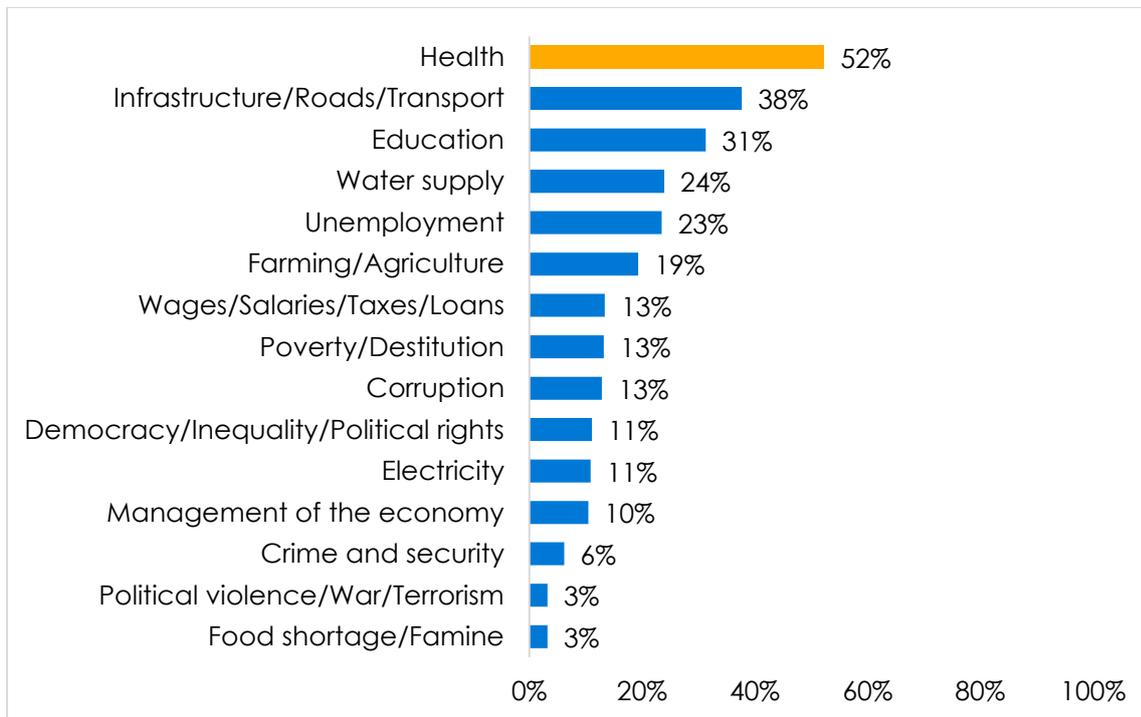
- Health continues to rank as the most important problem that Ugandans want their government to address.
- Three-fourths (74%) of Ugandans say they went without needed medicine or medical care at least once during the 12 months preceding the survey, a 17-percentage-point increase compared to 2015.
 - Poor citizens, the elderly, rural residents, and residents of the Northern and Eastern regions are particularly likely to go without medical care.
- Almost two-thirds (63%) of those who sought care at a public health facility during the year preceding the 2019 survey found it difficult to obtain the care they needed, an 11-percentage-point increase from 2015.
- In addition, four in 10 (42%) of those who accessed health care from a public facility reported having to pay a bribe, up from 25% in 2015.
- More than half (57%) of Ugandans say the government is doing a poor job on improving basic health services, a 15-point increase in negative evaluations compared to 2015 (42%).

Health: Uganda's most prioritized problem

In the most recent Afrobarometer survey, health is the most frequently cited problem (by 52% of respondents) that Ugandans want their government to address, well ahead of infrastructure/roads/transport (38%), education (31%), water supply (24%), and unemployment (23%) (Figure 1).

Ugandans' prioritization of health is not due to the COVID-19 pandemic: Health has held the No. 1 spot for years (Table 1).

Figure 1: Most important problems | Uganda | 2021



Respondents were asked: In your opinion, what are the most important problems facing this country that government should address? (Respondents could give up to three responses. Figure shows % of respondents who identified each issue as one of their country's three most important problems.)

Table 1: Most important problems | Uganda | 2015-2021

	2015	2017	2019	2021
Health	53%	46%	54%	52%
Infrastructure/Roads/Transport	35%	25%	32%	38%
Education	36%	32%	38%	31%
Water supply	28%	28%	23%	24%
Unemployment	19%	19%	16%	23%
Farming/Agriculture	20%	18%	12%	19%
Wages/Salaries/Taxes/Loans	14%	21%	16%	13%
Poverty/Destitution	21%	23%	18%	13%
Corruption	19%	20%	14%	13%
Democracy/Inequality/Political rights	5%	7%	6%	11%
Electricity	10%	8%	7%	11%
Management of the economy	4%	10%	6%	10%
Crime and security	8%	5%	13%	6%
Political violence/War/Terrorism	2%	4%	1%	3%
Food shortage/Famine	8%	14%	4%	3%

Respondents were asked: In your opinion, what are the most important problems facing this country that government should address? (Respondents could give up to three responses. Table shows % of respondents who identified each issue as one of their country's three most important problems.)

Red: most frequently cited; green: second-most-frequently cited; blue: third-most-frequently cited

Experiences in obtaining health care

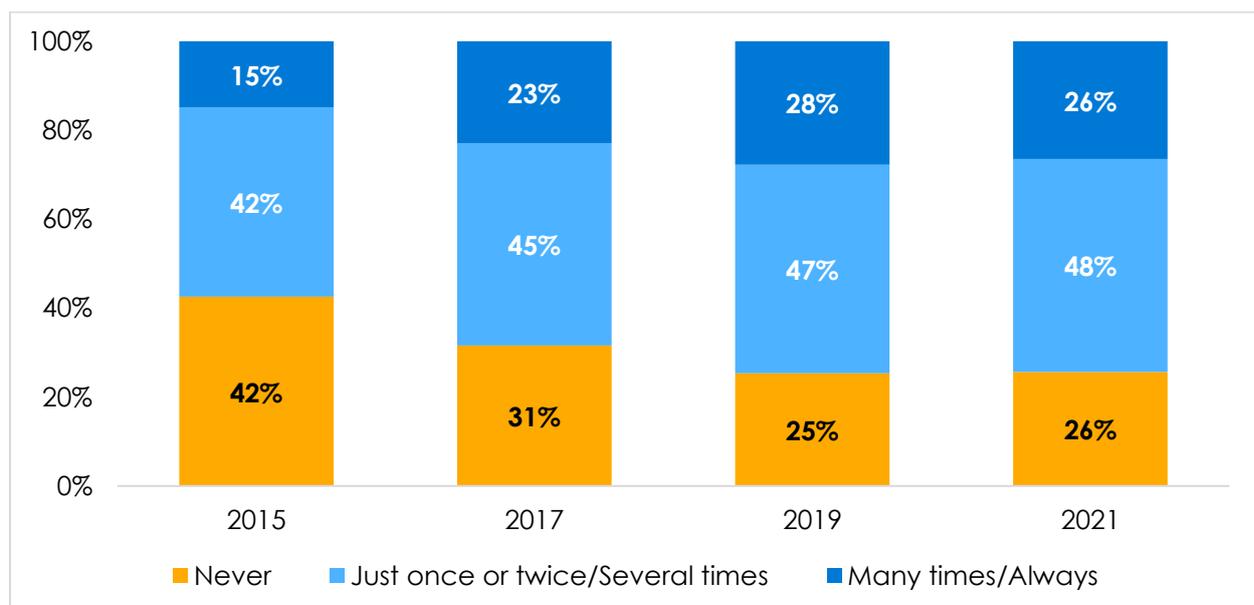
Afrobarometer explores Ugandans' health-care experiences by asking them how often, if ever, they or their family members went without needed medicines or medical care during the previous year; whether they sought care during that period; and if so, how easy or difficult it was to obtain care and whether they had to pay a bribe.

Going without medicine or medical care

A remarkable three-fourths (74%) of Ugandans say they or a family member went without needed medicine or medical care at least once during the 12 months preceding the survey, including a quarter (26%) who say this happened "many times" or "always" (Figure 2).

Compared to 2015, the share of the population who went without medical care at least once increased by 17 percentage points, while the proportion who "never" lacked care decreased by 16 percentage points. Notably, this worsening of access to care occurred between 2015 and 2019, i.e. before the COVID-19 pandemic, though it's possible that the continuing pandemic may exacerbate the problem.

Figure 2: How often went without medicine or medical care | Uganda | 2015-2021



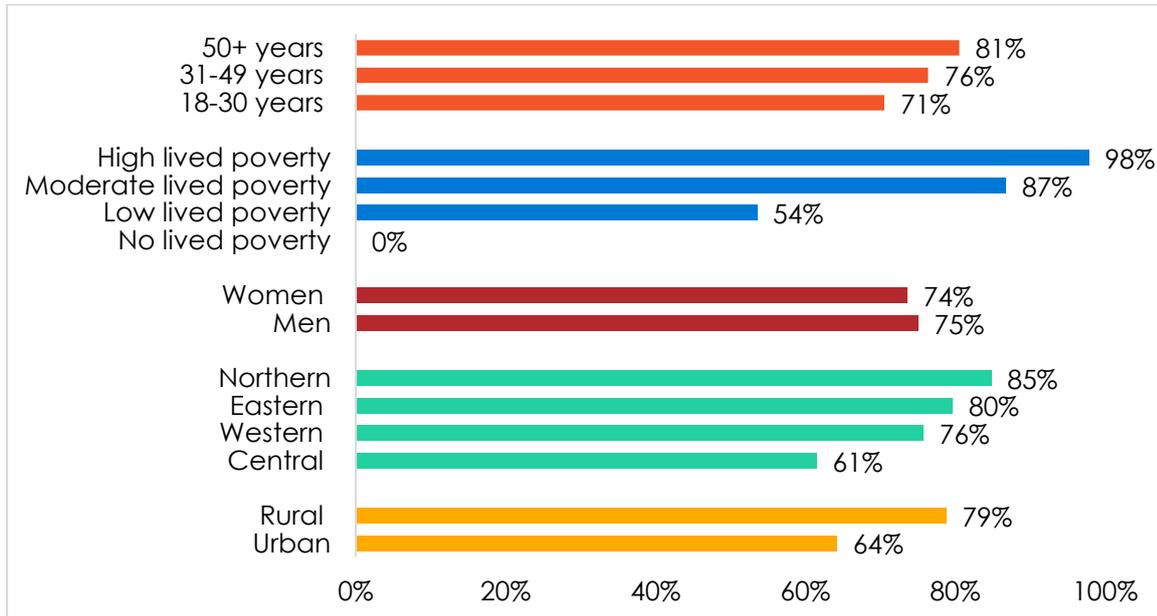
Respondents were asked: *Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?*

As might be expected, poor citizens are most likely to go without medical care. Almost all citizens who experienced high lived poverty (98%) say they went without health care at least once, while none of those with no lived poverty experienced a lack of care (Figure 3).

This finding confirms that costs – including not only consultations, tests, and medicines but also transportation – are a frequent barrier to health care. Moreover, medicine and medical supplies are often in short supply in public facilities, where care should be affordable.

The experience of going without health services is also more prevalent in rural areas (79%, vs. 64% in cities) and among older citizens (81%, vs. 71% of youth). Geographically, residents of the Northern (85%), Eastern (80%), and Western (76%) regions are more likely to report going without health services than those in the Central region (61%).

Figure 3: Went without medicine or medical care | by demographic group
| Uganda | 2021

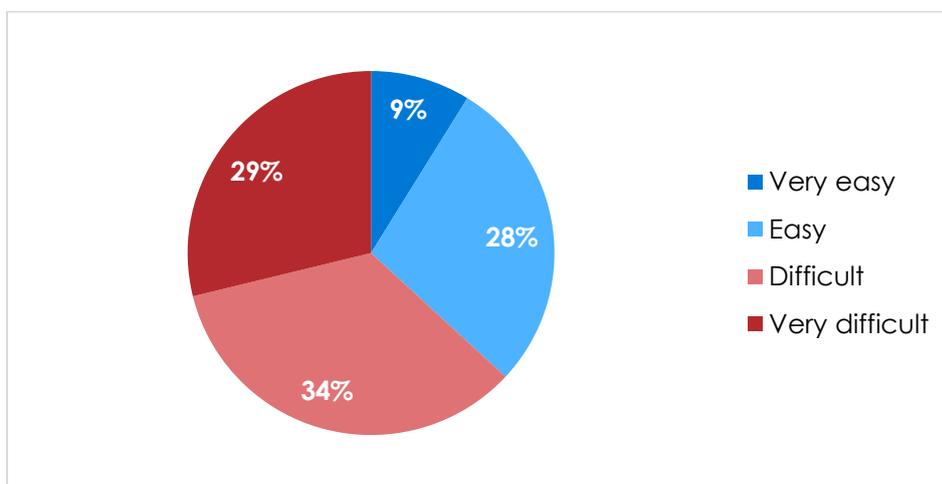


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say “once or twice,” “several times,” “many times,” or “always”)

Difficulties in obtaining medical care

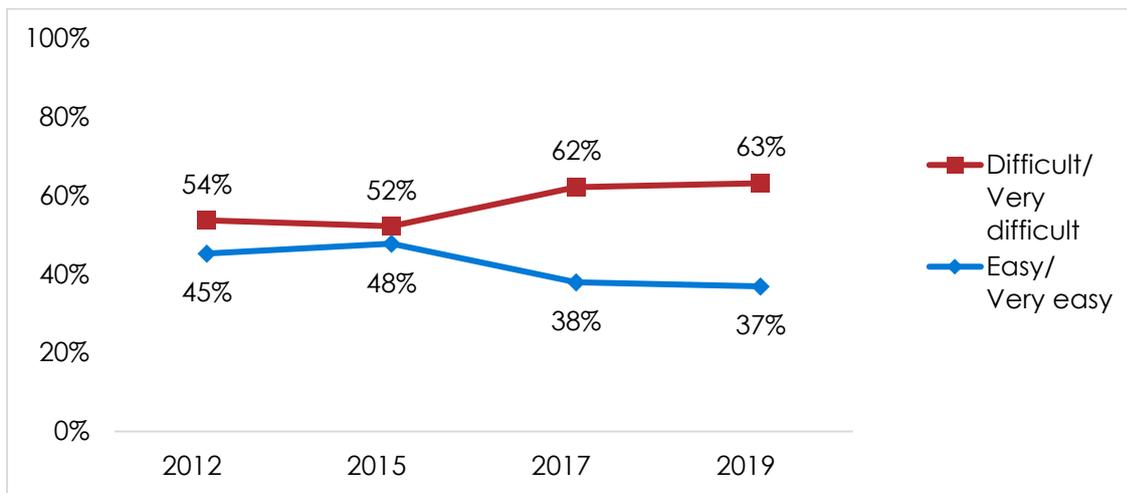
In response to a series of questions that Afrobarometer last asked in its 2019 survey, 78% of respondents said they had contact with a public health clinic or public hospital during the previous year, and among these, nearly two-thirds (63%) said it was “difficult” or “very difficult” to obtain the care they needed (Figure 4). Between 2012 and 2019, the proportion of citizens who reported difficulty in accessing health services increased by 9 percentage points (Figure 5).

Figure 4: Easy or difficult to obtain medical care | Uganda | 2019



Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital? (If yes:) How easy or difficult was it to obtain the medical care you needed? (Respondents who had no contact with health services are excluded.)

Figure 5: Easy or difficult to obtain medical care | Uganda | 2012-2019

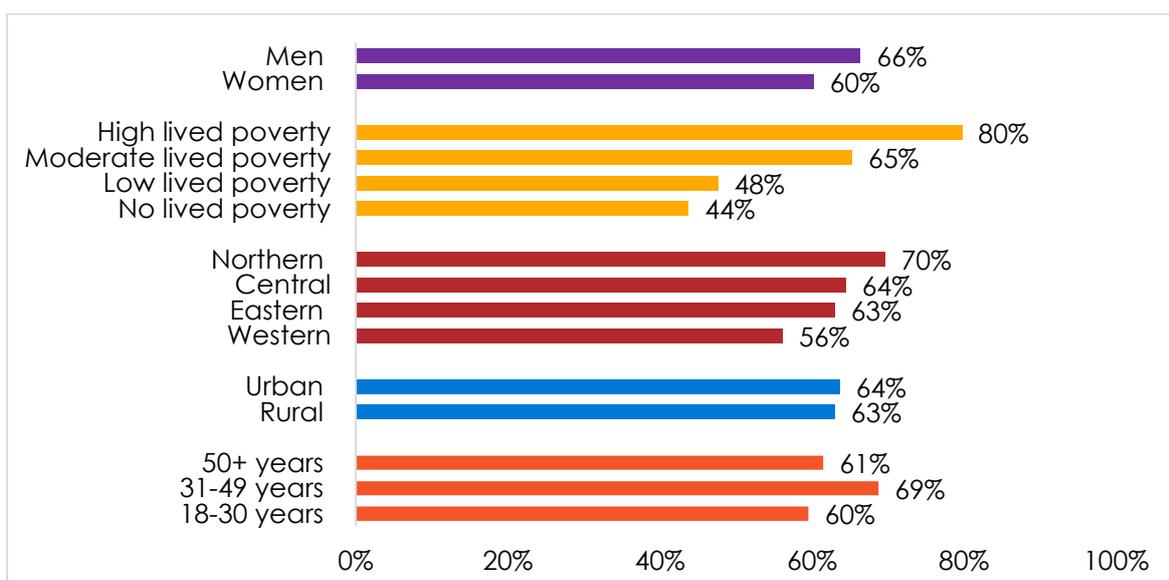


Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital? (If yes:) How easy or difficult was it to obtain the medical care you needed? (Respondents who had no contact with health services are excluded.)

Difficulties in accessing services at public health facilities increased with respondents' level of lived poverty, ranging from 44% among those with no lived poverty to 80% among the poorest (Figure 6).

Men were somewhat more likely than women to say they encountered difficulties (66% vs. 60%). Residents of the Northern region (70%) and middle-aged citizens (69%) also experienced more difficulty in obtaining health services than their counterparts. While rural dwellers were more likely to go without medical care than urbanites, the two were about equally likely to experience difficulties in accessing health services.

Figure 6: Difficulties in obtaining medical care | by demographic group | Uganda | 2019



Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital? (If yes:) How easy or difficult was it to obtain the medical care you needed? (% who said "difficult" or "very difficult") (Respondents who had no contact with health services are excluded.)

Payment of bribes to obtain medical care

One type of corruption in the health-care system occurs when patients make informal payments to health-care providers for medicines, lab testing, beds, or other services to which they are entitled (Gaal, Belli, McKee, & Szócska, 2006). This kind of corruption can be a barrier to needed health care, especially among the poor.

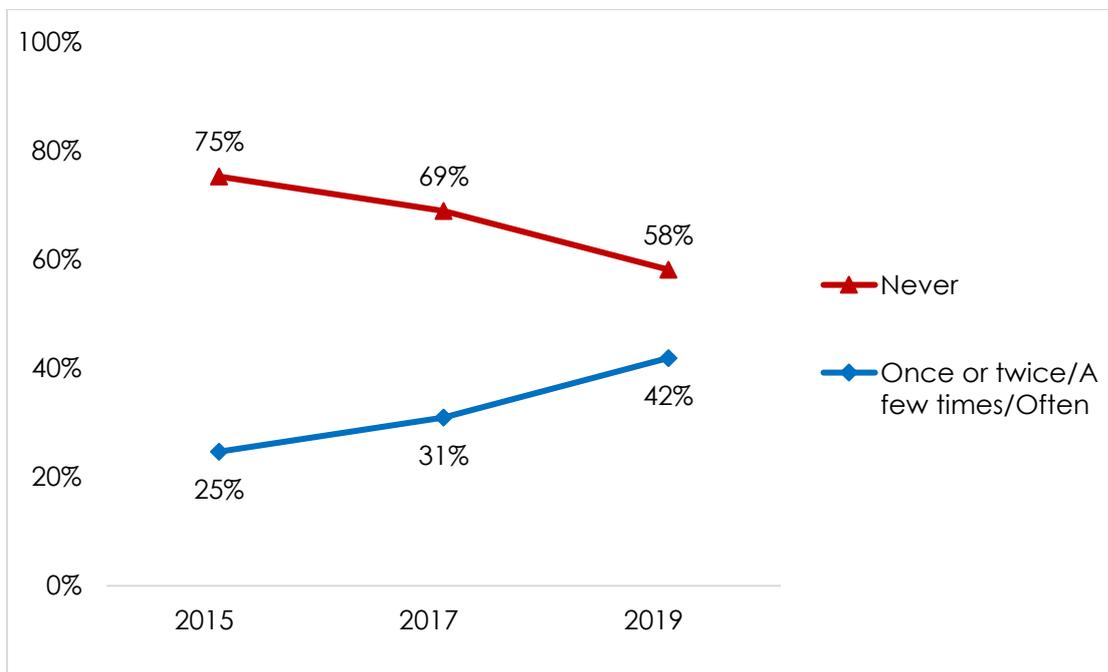
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Afrobarometer findings show that four in 10 Ugandans (42%) who had contact with a public clinic or hospital said they paid a bribe at least once to obtain needed care (Figure 7). The proportion of citizens who reported paying a bribe increased by 17 percentage points between 2015 (25%) and 2019.

Citizens living in poverty (50%) were more vulnerable to demands for bribes in public health facilities than wealthy citizens (16%) (Figure 8). This is probably because the poor have less power than the wealthy to stand up to corrupt public officials as well as fewer options (e.g. in the private sector) to obtain the services they need (Kakumba, 2020).

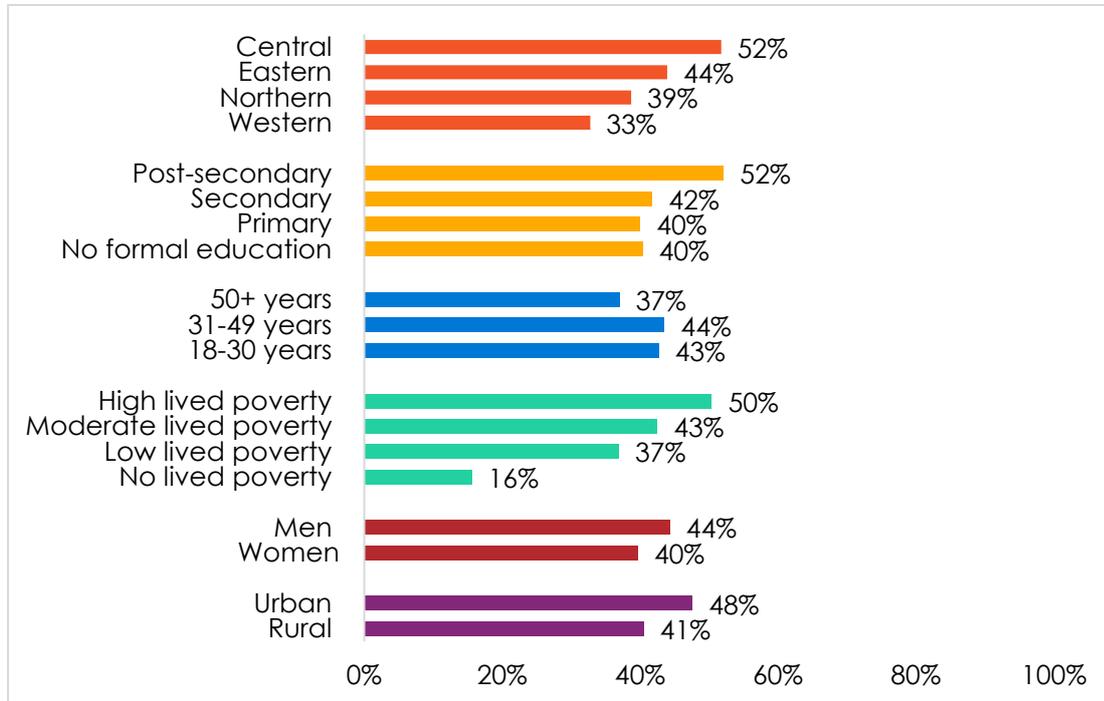
Citizens with a post-secondary education (52%) and urban residents (48%) were more likely to say they paid a bribe than less educated citizens (40%-42%) and rural dwellers (41%).

Figure 7: Paid bribe to obtain medical care | Uganda | 2015-2019



Respondents who had contact with a public clinic or hospital were asked: And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get medical care you needed? (Respondents who had no contact with public health services are excluded.)

Figure 8: Paid bribe to obtain medical care | by demographic group | Uganda
 | 2019

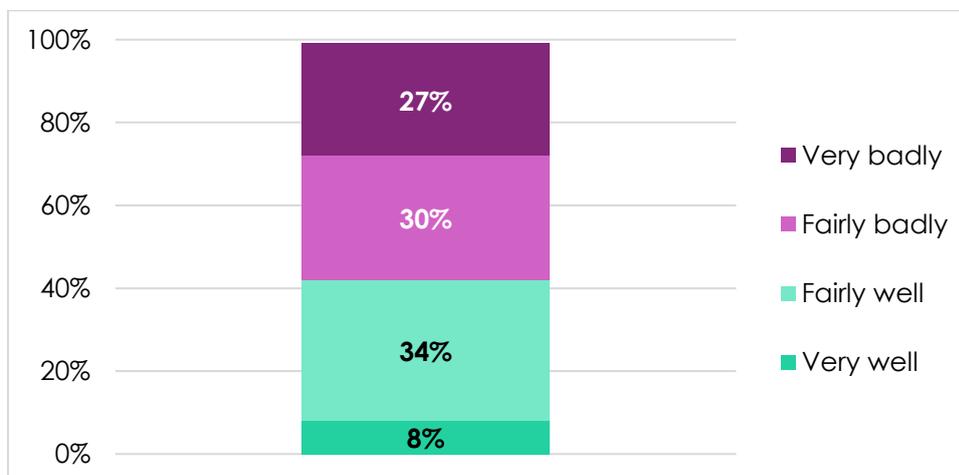


Respondents who had contact with a public clinic or hospital were asked: And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get medical care you needed? (% who said "once or twice," "a few times," or "often") (Respondents who had no contact with health services are excluded.)

Government performance on improving basic health services

While health has consistently ranked at the top of citizens' priority problems, the government has not satisfied their demand for action. A majority (57%) of Ugandans say the government is performing "fairly badly" or "very badly" on improving basic health services (Figure 9).

Figure 9: Government performance on improving basic health services | Uganda
 | 2021

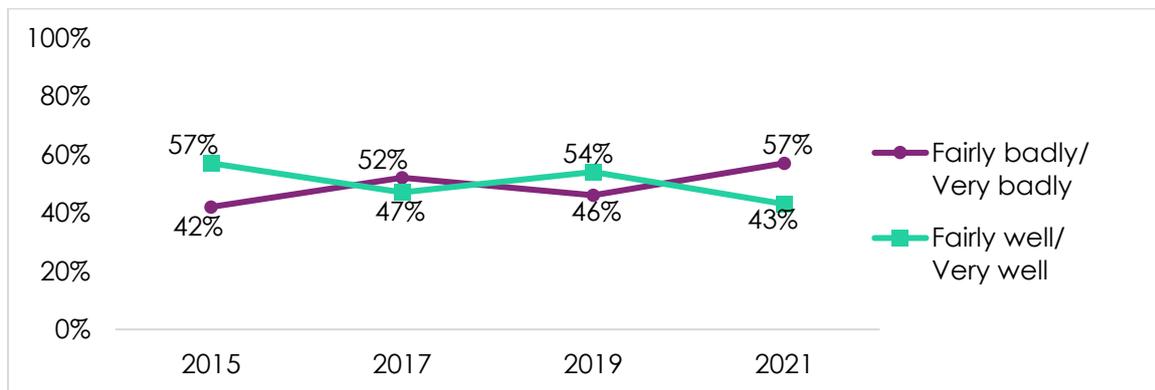


Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Assessments of the government's performance on health have fluctuated but are currently worse than in 2015, 2017, and 2019 (Figure 10).

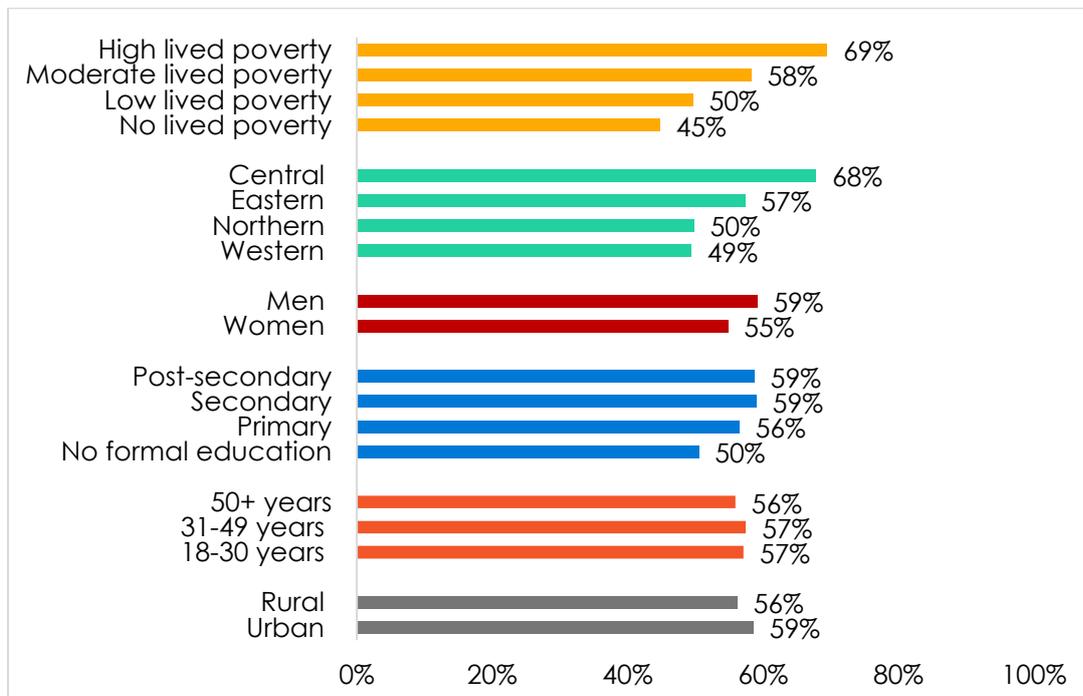
Citizens living in poverty are more likely to disapprove of government performance in improving basic health services than wealthy citizens, which is not surprising considering that the poor are more likely to go without care, to have difficulties in accessing health services, and to have to pay bribes to get care. About seven in 10 (69%) of the poorest citizens describe government performance on health care as bad, compared to 45% of the wealthiest citizens (Figure 11).

Figure 10: Government performance on improving basic health services | Uganda | 2015-2021



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Figure 11: Government performance on improving basic health services | by demographic group | Uganda | 2021



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (% who say "fairly badly" or "very badly")

Conclusion

Despite some progress toward health goals, Uganda's health system faces a plethora of challenges. Health continues to rank at the top of citizens' priority problems needing urgent government action, and a majority of Ugandans – especially the poor and residents in the Northern and Eastern regions and in rural zones in general – report going without needed medical care.

In addition, a majority of Ugandans who sought care at public health facilities say it was difficult to access the services they needed, and corruption in public health facilities is increasingly becoming a part of Ugandans' daily lives.

Overall, citizens are increasingly dissatisfied with government efforts on their top priority: health. The continuing COVID-19 pandemic may exacerbate the country's health-care challenges, making government action – including increased health financing – all the more urgent.

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Makanga Ronald Kakumba is a research associate for Hatchile Consult Ltd. in Kampala, Uganda. Email: makanga.ronnie@gmail.com.

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