



Ugandan FY 2016/2017 national budget at glance

The need and priorities of women living with HIV and AIDS

Kampala, Uganda

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The International Community of Women Living with HIV Eastern Africa (ICWEA) together with other Civil Society Organisations in Uganda including DSW, AGHA, CSBAG have analyzed this Financial Year (FY 2016/17) budget, that was read on June 8 by the Minister of Finance, Planning and Economic Development; and have noted that while the health sector has been allocated a little more funds, the budget does not reflect the health needs and priorities of people living with HIV especially women living with HIV in Uganda.

The health sector budget for this Financial Year (FY 2016/17) has been increased from Ushs1.227tn (FY 2015/16) to Ushs1.828tn (FY 2016/17) giving an increase of Ushs607.55bn. This is a commendable step towards availability of health services to the citizens.

Major increments have been reflected in Ministry of Health (Ushs505.56bn), Uganda Cancer Institute (Ushs25.67bn) and National Medical Stores (Ushs10bn) to offset currency depreciation in drug procurement. There is also an increase at district primary health care (Ushs30.86bn), regional referral hospitals (Ushs19.86bn) and Mulago complex (Ushs7.04bn).

However, the 50% increment to the health sector budget sums up to only 8.7% of the national budget and that remains below the 15% Abuja target that Uganda committed to fulfill. This leaves the health sector with a huge gap to fill.

To improve the quality of life of women living with HIV, who bear the burden of the AIDS epidemic the most, ICWEA expected that the following priorities and proposals would be reflected in the national budget;

- (i) Significant increase in the health sector financing
- (ii) Strategy to oppose discriminatory laws and policies that hinder access and undermine rights to health
- (iii) Economically empower Women living with HIV
- (iv) Promote access to sexual and reproductive health and right and stop violence against women
- (v) End the epidemic through universal treatment or high impact and Human right

Unfortunately, these were not reflected in the budgets for the Ministry of Health sector and Ministry of Gender, Labour and Social Development.

The 2016/2017 budget has more money going to the Ministry of Health (Ushs1019.92bn) and Regional Referral Hospitals (Ushs89.37bn). This contradicts MOH plans to have more clients handled at the lower health units instead of going to referrals for cases that can be handled at health centre level. But how are lower health units expected to do more with less funds? The limited budget at the lower health units will evidently affect access to HIV care and treatment of women living with HIV who bare the HIV burden the most.



The Uganda is a signatory to the WHO/UNAIDS 90-90-90 target; this is set to see to it that 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy have viral suppression by 2020.

Such a commitment requires a lot of investment into HIV programming by this country – well knowing that donor support has of recent been reduced in favour of domestic budget support. This can be helped by implementing the national HIV prevention strategy. But the health sector budget is too low to make major strides towards the 90-90-90 target.

Besides, Uganda already has a funding gap of up to Ushs151 billion needed to adopt the 2013 WHO HIV treatment and treat guidelines.

And the recent front loading by Global Fund to end the country wide drug stock out in 2015 is another cause for worry. This is because government allocation to NMS will not cater for the gap created by the front loading. This could mean experiencing another drug stock out of ARVS and other essential drugs.

Nonetheless, the Government of Uganda should also be commended for setting aside funds to implement the “Women’s Economic Empowerment Program” through the ministry of Gender, labour and Social Development. The economic Empowerment program for women is another gesture in line with the needs and priorities of women living with HIV. However, what needs to be worked on are the modalities of accessing these funds so that women living with HIV are not left out of the program due to the conditions attached which could limit accessibility of those funds.

Government’s plans to critically focus on enhancing maternal, new born and child health this financial year is also commendable. This is part and parcel of enjoyment of sexual health rights that women living with HIV have been requesting for. It is important to note that accessing SRHR is also affected by the health sector work force gap. The lower health facilities are more affected because the health workforce gap is more pronounced there than at the Ministry of Health and referral hospitals which got a “lion’s” share of the national health sector budget.

ICWEA and other health civil society organizations including, CSW and CSBAG ad AGHA are therefore calling upon the government of Uganda to fast track the following;

- (i) The proposed AIDS trust fund
- (ii) The national health insurance scheme
- (iii) Ensure that the prosperity for all scheme has special provision for women living with HIV

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