INTERNATIONAL WORKSHOP ON DATADISAGGREGATION FOR SDGs.

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HEALTH INEQUALITY IN UGANDA

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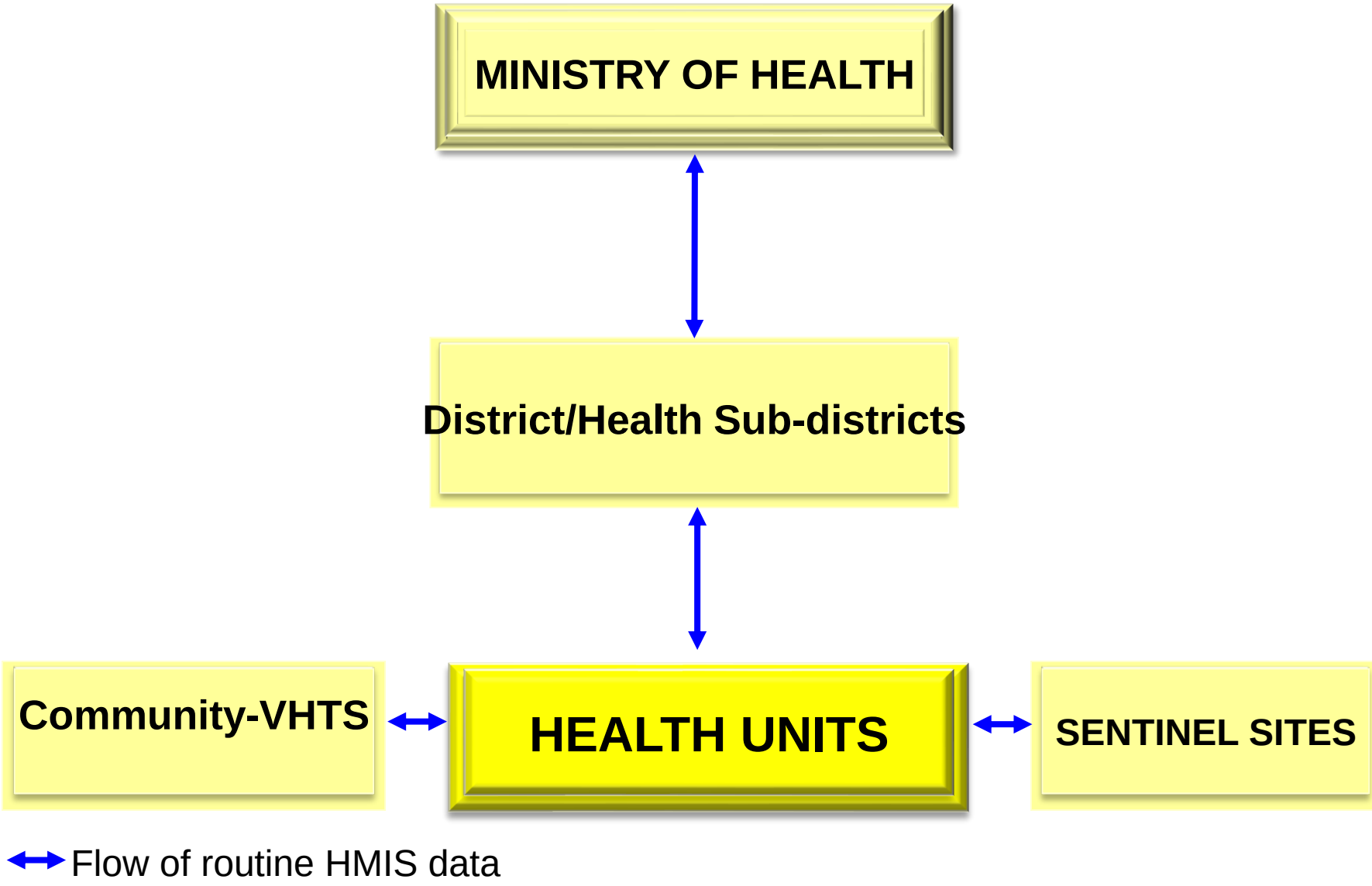
Background

- Uganda has experienced progress in some health Indicators:
  - MMR from 360 in 2011 to 336 in 2016
  - <5 mortality 90 in 2011 to 64 (M=72, F=56) in 2016
  - Life Expectancy 57 and 54 years by 2011
- Inequities in availability of Health facilities, 0.4/10,000 population (Yumbe district) and 8.4 facilities/10,000 (Kampala)

Administrative Data Reporting Structure



Health Sector Development Plan

- Goal to accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life

- Ensure that all people receive essential and good quality health services

- It lays down the implementation and collaboration frameworks within which the stakeholders contribute towards improving the health of the population

Health Data Sources

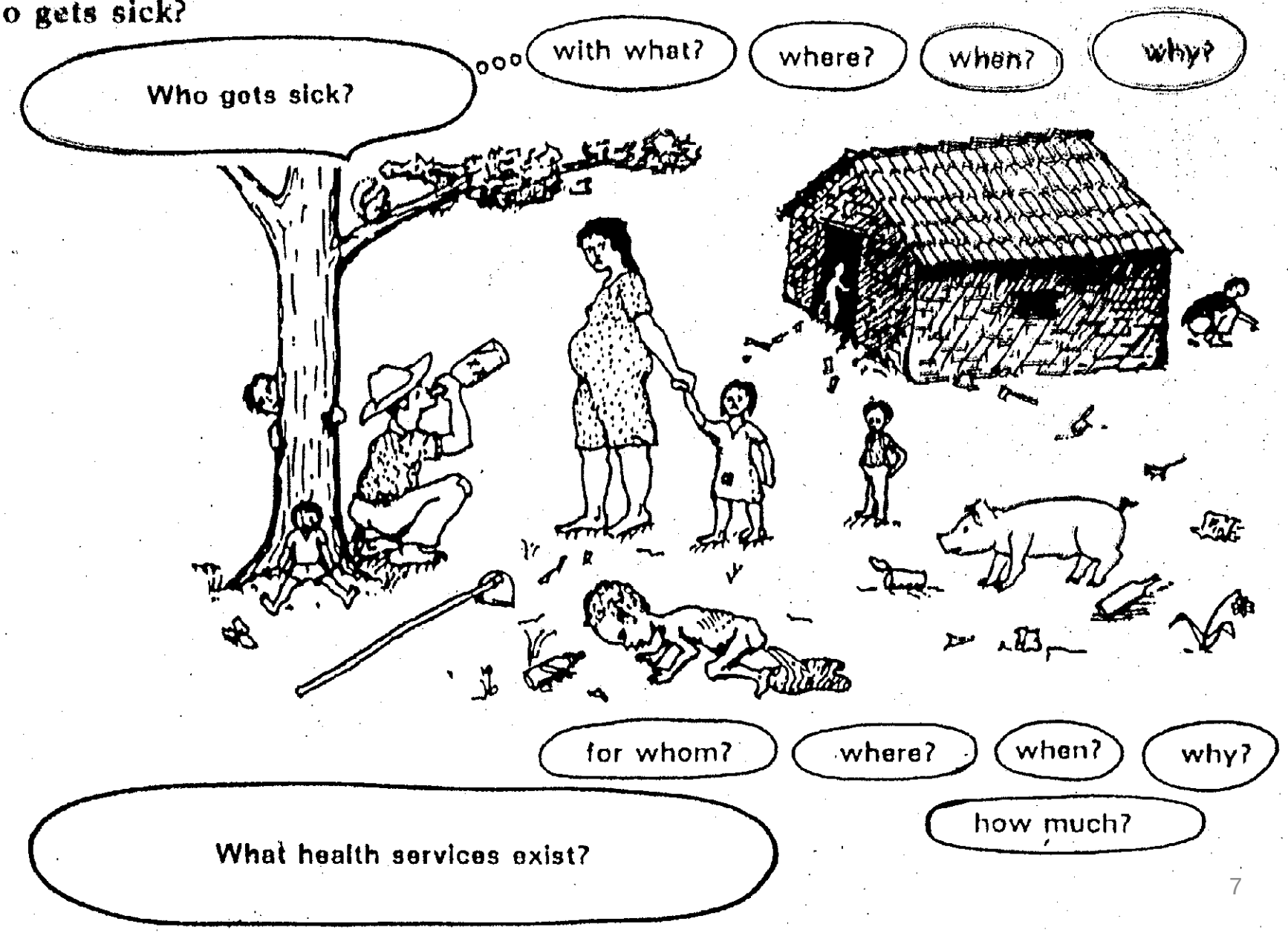
- Population based
  - Census (10yrs)
  - UDHS (5yrs)
  - Disease Based
    - Malaria Indicator survey
    - HIV Sero-Survey
    - TB Indicators etc
- Administrative
  - Health Management Information System (HMIS)/District Health Information System (DHIS)

Health Data Disaggregation

- Population Based
  - Disaggregated by all except;
  - Culture, migration and religion not spelt out
- Administrative (HMIS)
  - Sex, age, geographic and residence
  - Not by income, disability and migration status

Health Inequality Monitoring

Who gets sick?



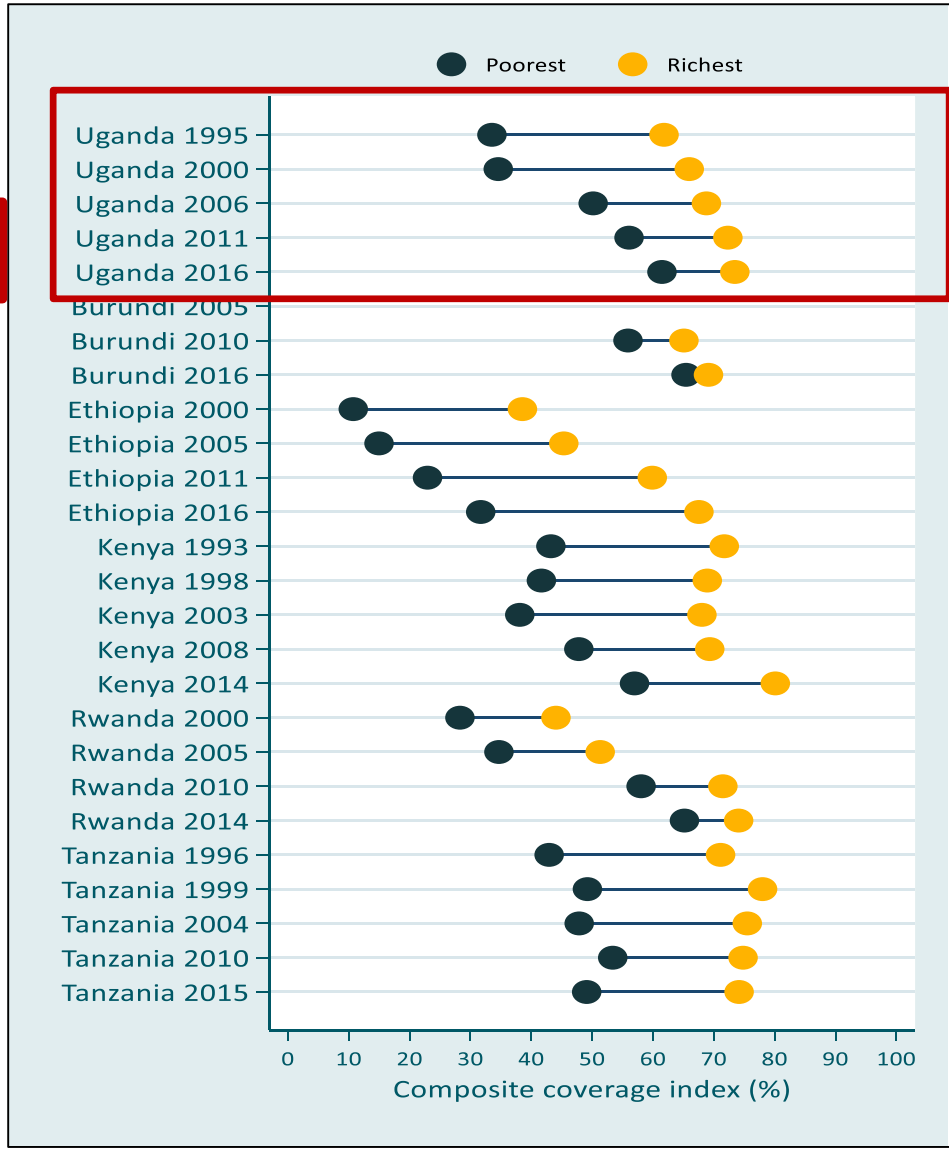
Health Inequality Monitoring

- 41 indicators to measure Health Sector Development Plan Performance
- Use of:
  - Population based (Maternal mortality, Total fertility rate, under 5 mortality, infant mortality etc)
    - Censuses
    - DHS
    - Disease specific
  - Administrative (Out patient department attendance, TB detection rate, Inpatient malaria death/10000 etc)

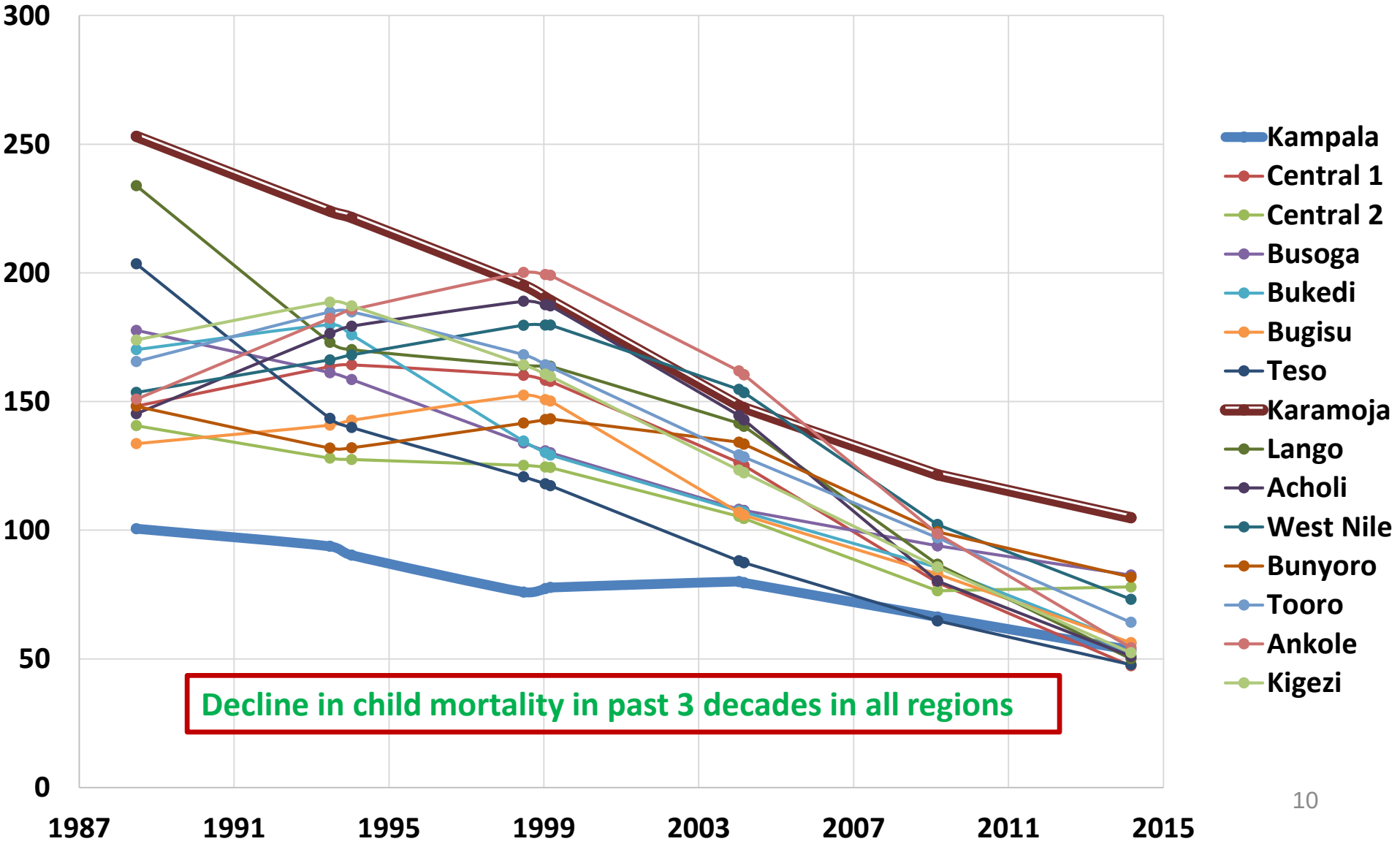
Composite coverage index

Equity Gap 2016

Equity Gap 1995-2016



Trends of U5MR by region - Uganda



Challenges in Health Inequality Data disaggregation

- Knowledge gaps on health inequality and data desegregations among service providers
- Inadequate tools to collect the disaggregated data
- Frequency of collecting data is long for effective monitoring
- Low data use especially by policy makers

Recommendations

- Sensitization of health service providers up to lower level
- Addition of variable “nationality” in HMIS data collection tools
- Harmonizing different group (culture, religious and political) interests in the implementation of health equity
- Use standard indicators to monitor and advocate for inequality reduction through utilization of existing data

"TORTURE THE DATA, AND IT WILL CONFESS TO ANYTHING"

THANKS FOR YOUR ATTENTION