INTERNATIONAL WORKSHOP ON DATADISAGGREGATION FOR SDGs.
BANGKOK, THAILAND, 28-30 JAN 2019

HEALTH INEQUALITY IN UGANDA

MR. JIMMY OGWAL
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

MINISTRY OF HEALTH

District/Health Sub-districts

Community-VHTS ↔ HEALTH UNITS ↔ SENTINEL SITES

Flow of routine HMIS data
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?

Who gets sick?

with what?

where?

when?

why?

for whom?

where?

when?

why?

how much?

What health services exist?
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

Decline in child mortality in past 3 decades in all regions
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