

Subnational health budgeting guidelines could be optimized to drive integrated immunization and PHC service delivery

A literature review of subnational health financing constraints and opportunities for improving integrated service delivery – Uganda case study

Background

Funding remains a leading constraints facing the health sector in Uganda. To help address this gap, development partners have played a significant role in complementing government funding through direct contributions/subventions to the health sector primary health care grants. Uganda operates a decentralised policy framework where Local Governments (LGs) provide the majority of health care service delivery and receive domestic and development partner funding to achieve this.

Methodology

A desk review of 4 Ministry of Health local government budgeting guidelines and analysed 3 major subventions.

1. Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)
2. Vaccine Alliance (Gavi), Health Systems Strengthening (HSS2)
3. Uganda Reproductive, Maternal and Child Health Services – Results Based Financing-URMCHIP-RBF

Findings

Financial Year (FY)	2019/2020FY	2020/2021FY	2021/2022FY	2022/2023FY
Subventions	<ul style="list-style-type: none">• GAVI-HSS• URMCHIP-RBF	<ul style="list-style-type: none">• GAVI-HSS• URMCHIP-RBF• GFTAM	<ul style="list-style-type: none">• GAVI-HSS• URMCHIP-RBF• GFTAM	<ul style="list-style-type: none">• GAVI-HSS• GFTAM

Budget reporting processes followed a centralised accounting structure however, guidance for implementation of activities such as quarterly data review meetings was siloed and program specific rather than integrative of other primary health care (PHC) indicators.

Conclusion

While Health Sub Programme grant guidelines to Local Governments have been utilised to drive collective government and donor resource management, the siloed activity planning of subventions disincentivize integrated delivery at the subnational level.

There is limited utilisation of resources towards broader PHC indicators due to subvention spending and reporting restrictions. The existing health budgeting guidelines could be optimised to provide requirements for subventions to merge similar implementation activities such as data review meetings to strengthen integrated PHC service delivery.



Lorraine Kabunga
lkabunga@clintonhealthaccess.org



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