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A REVIEW OF COVID-19 AND THE HEALTH EQUALITY DILEMMA IN UGANDA

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Introduction

Uganda's development response over the years, where we have seen impressively high economic growth rates that have not translated into a better life for the poorest and most vulnerable such as women, has spilled into its COVID-19 response. This paper discusses the ways in which approaches to development- with focus on health sector- that do not include the poorest and most vulnerable will combine with old patriarchy and a global pandemic to leave women worse off. It extracts lessons from Uganda's ongoing COVID-19 response and makes recommendations on short term measures to make the response more inclusive and cognizant of existing inequalities, and work towards resolving rather than compounding them. It also suggests long term measures that post-pandemic, can be used to address health inequalities.

***Omwavuwakufa* ¹: When health is a poor people problem**

Research has long shown that among poor people, bad health is accepted as a reality they must live with. ² These poor people do not always appreciate the ways in which their circumstances contribute to their ill health. Even when they do, they do not have power or money to do something about it. They accept poor health as an inevitable reality. For example, poor people are more likely to not have proper sanitary facilities, live in a poorly ventilated house or have no access to nutritious food that boosts their immunity in the face of a pandemic such as COVID-19. In Uganda, the poorest have jocularly accepted their position with the euphemism, *omwavuwakuffa*- the poor person is meant to die. This statement is an actualization of systems that have for decades taught that poverty and inequality are inevitable. The masses are internalizing inequality- with dire consequences.

In 2017, Oxfam reported that the income of the richest 10 percent is increasing at the same rate as that of the poorest 10 percent is decreasing. ³ This is an indication that growth in Uganda is not inclusive and, in spite of impressive growth in GDP over the past two decades, the poorest Ugandans are being left behind.

¹Means "the poor are meant to die" in the local Luganda dialect.

²J.Odaga. 2004. Health Inequality in Uganda: the role of financial and nonfinancial barriers. <https://www.semanticscholar.org/paper/HEALTH-INEQUITY-IN-UGANDA%3A-THE-ROLE-OF-FINANCIAL-Odaga-Cattaneo/4c0f6c17d207160991ed55b0-ca27b8ca2b8e0b00>

³Oxfam. 2017. Who is Growing: A study of key drivers of inequality in Uganda. https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/file_attachments/oxfam_in_uganda_inequality_report_compressed.pdf

To be poor is to live below the poverty line as set by the World Bank. But poverty, like inequality, comes with a lot of layers. In Uganda, you are likely to be poor if you are from the northern or eastern region, are a small holder farmer, live in a rural area or you are a woman. Poverty and inequality affects people differently, mingling with other status such as disability, homelessness, statelessness, gender identity, sexual orientation among others. Like the charmed circle of equality theory posits, the more outside what society considers dominant and normal, the less likely you are to be rewarded by economies designed for the powerful⁴. The more likely to fall in that ominous group called poor, your face getting lost alongside other forlorn faces- looking for healthcare solutions in a system that has not tried to understand your needs.

Health Budget: The Government is paying lip service to health Sector

The health budget for financial year 2019/2020 was 8.9 percent, a drop from 2018/2019 financial year when it stood at 9.2 percent.⁵ And still far less than the 15 percent commitment under the Abuja declaration. Further back in 2017/2018, health commanded a paltry 5.7 percent of the national budget after having suffered a big slash in 2016/2017 when it stood at 8.7 percent.⁶ The percentage of the budget allocated to health is ever fluctuating and decidedly non-committal; a reflection of the way that government has handled health issues over the last years. Health- the mental, physical and emotional wellbeing of people- is not only an important development indicator but also an issue that often determines the political destiny of governments.

The Uganda government has managed to keep Ugandans just above the floating line, when it comes to health- investing just enough to keep flailing government hospitals and health centers from completely closing. Enough for there to be one success story of a disease successfully treated while masking the stories of the hundreds turned away because there are no drugs.

⁴R.L Jones. Later life sex and Rubin's 'charmed circle'. 2020. https://www.researchgate.net/publication/339243640_Later_Life_Sex_and_Rubin's_'Charmed_Circle'

⁵National Budget Framework Paper 2019/2020. <https://budget.go.ug/sites/default/files/National%20Budget%20docs/National%20Budget%20Framework%20Paper%20FY%202019-20.pdf>

⁶ Ibid

An estimated 18 million Ugandans, 43 percent of the population, are classified as vulnerable.⁷ Like the health system that is meant to support them, these Ugandans are tottering dangerously between life and death, between poverty and destitution. It is not a coincidence that so many Ugandans are either poor or vulnerable (the poverty rates themselves stand at 21 percent, an increase from 19 percent in 2013⁸). Poverty and vulnerability is a direct impact of investment decisions, including how much is invested in key sectors such as health.

Uganda's inequality is already spiraling out of control, with government dedicating more money to other sectors such as infrastructure and security at the expense of health. It is not just sectors such as health that are suffering, others such as education and even agriculture on which our economy substantially relies have not received as much attention as they deserve. Health and other like sectors such as education and agriculture, are what are referred to as pro-poor sectors. Investing in these pro-poor sectors is more likely to improve the lives of people and lead to inclusive development than other sectors.⁹

The question then remains: Why doesn't government invest in pro-poor sectors such as health, given the many obvious benefits. The answer lies in the fact that lack of access to good health facilities has for long been a poor people problem. Whether the question is that of who gets life-saving treatment such as ARVs, or whose daughter gets pregnant while still a teenager to whose child eats more nutritious food or who gets to access clean water, those in the poorest quintile have it infinitely worse than those in the richest quantile.¹⁰ An ailing health system does not bother the richest because they can use tax payer's money to access better facilities abroad or access quality medical services with insurance cover, which is part employment benefits. In 2014, for instance, Uganda government spent 183 million dollars on treatment of government employees abroad.¹¹ At 368 deaths per 1000 live births, Uganda is ranked among the top 40 countries in the world with the highest maternal mortality rates.¹² Yes, it was easy to run away from the deathtrap that is Uganda's health sector until the outbreak of COVID-19 that has left Uganda's leadership with no choice but to face and totally rely on a system that they have paid lip service to.

⁷UBOS. 2017. [https://budget.go.ug/sites/default/files/National%20Budget%20 docs/National%20Budget%20Framework%20 Paper%20FY%202019-20.pdf](https://budget.go.ug/sites/default/files/National%20Budget%20docs/National%20Budget%20Framework%20Paper%20FY%202019-20.pdf)

⁸Ibid

⁹Oxfam op.cit

¹⁰Uganda Demographic and Health Survey (UDHS) 2016. 2017. <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>

¹¹The New Vision. Government spent sh455b on medical bills abroad in 2016. https://www.newvision.co.ug/new_vision/news/1497153/govt-sends-india-treatment

¹²UDHS. Op.cit; New Vision Uganda makes slight progress on maternal, child health- UN report.

Health is listed among the so-called fourth generation of rights, and governments are expected to uphold such rights only to the extent to which it is “reasonable”.¹³The debate on health rights justiciability, the extent to which health rights are enforceable rights, has raged on for decades- with a noncommittal consensus that health is a rights, albeit one with which we have a complicated relationship. The question of how far courts can go in enforcing health rights stood out saliently in the Case of Centre for Health and Human Rights (CEHURD) v AG ¹⁴, where the human rights NGO CEHURD contented that government’s failure to provide essential health packages in hospitals is responsible for high number of maternal deaths, and is a violation of women’s rights. The respondents, government, raised a preliminary objection that the question being raised is a political one. This is what is referred to as the political question doctrine which posits that there are questions that courts will not go into because they are purely of a political nature, and going into them would be a violation of the doctrine of separation of powers.¹⁵Applying the doctrine to women’s right to health, court held:

“Much as it may be true that government has not allocated enough resources to the health sector and in particular the maternal health care services, this court is, with guidance from the above discussions reluctant to determine the questions raised in this petition. The Executive has the political and legal responsibility to determine, formulate and implement policies of Government, for inter-alia, the good governance of Uganda. This duty is a preserve of the Executive and no person or body has the power to determine, formulate and implement these policies except in the Executive. This court has no power to determine or enforce its jurisdiction on matters that require analysis of the health sector government policies, make a review of some and let on, their implementation. If this Court determines the issues raised in the petition, it will be substituting its discretion for that of the executive granted to it by law.”

While courts in Uganda have in the past made important and progressive decisions on the right to health, including one extending the right to health to include the right to life- a good, quality, healthy life- the Supreme court decision in the CEHURD case is important because it reflects the malaise of our time- our lackluster attitude to the right to health.

¹³https://www.newvision.co.ug/new_vision/news/1507343/uganda-makes-slight-progress-maternal-child-health-report

¹⁴Constitutional Petition number 16 of 2011

¹⁵Ibid

As a country, from courts, to executive and parliament, health is something that has always been dispensable and disposable- at the expense of the poor and women. The health of that ambiguous person called general public could always wait, because a minister, government, judge, MP, the gainfully employed and other decision makers usually do not see themselves as part of that ominous group called general public problem.

Poor Before the Lockdown, Poorer After the Lockdown

Uganda's inequality leaps out of statistical abstracts and takes different lives and forms in real life. It is in the way the president, while extending COVID-19 lock down by another 21 days nonchalantly stated,

*"If you were poor before the lockdown, you'll be poor even after. Eat what you were eating before. We'll deal with your poverty later."*¹⁶

It is in the simple act of a big car hitting a pothole of water, splashing it on those walking. The way government boldly marks food meant for needy people in times of COVID-19 as food for "vulnerable poor". The way huge mansions nestle at the end of roads that look like ploughed gardens, surrounded by shacks that are not fortunate enough to have enough money to erect a big fence to shut out the ugly road. The figures puts inequality in Uganda at 0.4 Gini coefficient.¹⁷ Using this measure of inequality, zero is the least level of inequality and one is the highest level of inequality. Uganda is therefore almost half way towards the most unequal it can be.

Uganda's richest always have one foot out of the country. Between 1970 and 2010, Uganda lost \$8.4bn to capital flight, and prominent politicians and business men hold off shore accounts.¹⁸ This is nearly 30 percent of Uganda's current GDP.¹⁹ Billions are also lost in tax exemptions that mostly go to big businesses owned by the rich. For example, in the financial year 2017/2019, tax exemptions cost Uganda over 1.4 billion shillings was.²⁰ This is money that could have been invested in much wanting sectors such as health. Instead, it went into benefiting individuals and big corporates who are not interested in the country's welfare.

¹⁶All Africa. 2020. Museveni extends COVID-19 lock down in Uganda by 21 more days. <https://allafrica.com/stories/202004150974.html>

¹⁷Oxfam. Op.cit

¹⁸Ibid

¹⁹Uganda's GDP was 24 billion last year.<https://www.theguardian.com/commentisfree/2020/mar/29/coronavirus-uganda-used-to-lockdowns-poor-healthcare-but-we-are-terrified>

²⁰SEATINI. Impact of harmful tax incentives and exemptions in Uganda. <https://www.seatiniuganda.org/publications/research/310-impact-of-harmful-tax-incentives-and-exemptions-in-uganda-2019/file.html>

And so it is that in the face of COVID-19, the walls are crumbling around the richest who, alongside the powerful, have to, for the first time, face the reality of having nowhere to run. Uganda's richest feel as if their fences have broken down and the sewage from the ploughed garden-like roads is flowing dangerously close to their emerald compounds. COVID-19 is threatening to mash, merge and consume everyone.

Even after NGOs have moaned on for years about it being unacceptable that 15 women, an entire taxi, to in child birth every day without being heard; now it suddenly becomes important how many ventilators and ICU beds are in the country. Companies are laying off workers quietly while audaciously giving generous donations and pickup cars to government. Private clinics cannot handle COVID-19, and suddenly we care whether government hospitals function. The poor have been forced to rely on these government hospitals we have ignored for so long for years.

Over 41 percent of Uganda's total 7.5 trillion expenditure on health comes directly out of the pockets of people paying for their health rather than government spending on the health of its people.²¹ This means that Ugandans spend over 3 trillion shillings on health every year. A further 42 percent of the health expenditure is by donors and only 15 percent by government. WHO recommends that Out of pocket expenditure on health should not exceed 15 percent of the country's total expenditure. Over 15 percent of the population spends more than 10 percent of their income on health. The poorer you are, the bigger the percentage of your income goes to health. Poor people are also more likely to sell assets to solve a health problem.

Government has attempted to solve challenge of high expenditure by removing user fees in government health centers. However, paradoxically, even with the absence of user fees at government health facilities, people mostly use private for profit health facilities, and go to government facilities only when they do not have a choice.²² Government facilities have been accused of corruption, hoarding and selling drugs, turning away patients and having poor facilities. With the general feeling being that it is better to pay for a service and receive it than to gamble at a government facility.²³ Fees at government facilities are an open secret and, in spite of a few public shows of cracking down of medical corruption, paying money to government facilities is quite institutionalized. The situation is compounded by the disgruntled and underpaid medical work force that have for decades pushed for better pay and working conditions in vain.

²¹The New Vision. 2019. Per capita health spending up but below global target. https://www.newvision.co.ug/new_vision/news/1503060/capita-health-spending-global-target

²²J.Odagaop.cit

²³Ibid

In the face of COVID-19, the important work of health workers and the need for governments to invest more in their health sector has been laid bare, and is indeed not negotiable. Perhaps it is in this vein that government stampeded to return to the businesses that enjoyed tax holidays and a much-prized favorable investment environment and asked them to donate to the COVID-19 cause what they should have paid in taxes anyway. To further support the COVID budget, parliament passed a 284 billion supplementary budget to fight COVID-19.²⁴ Civil Society Budget Advocacy Group notes that security is once again taking a lion's share of the health budget, presumably to enforce the COVID-19 presidential directives meant to keep people at home and stop the disease from spreading.²⁵ Health is getting 27.1 of this budget and security 26.8. CSBAG argues that security budgets should be more inclusive, focusing more on issues such as domestic violence that affect marginalized people rather than reinforcing state machinery.²⁶

The big chunk going to security is a continuation of the old order, where government is more concerned about reinforcing itself than investing in pro-poor sectors. Yet, the fact that health is getting a slightly bigger chunk than health is a grudging acceptance that government priorities have to inevitably change. The question of social welfare of Ugandans became especially important in the face of COVID-19, with the National Social Security Fund rejecting national outcry for them to release some of the money to workers- many of whom have been laid off indefinitely, pending the resolution of the COVID-19 question.

Government's response was to promise to distribute food to 1.5 million Ugandans in Wakiso and Kampala.²⁷ The food distribution exercise was, however, marred with corruption, an important factor in maintaining and reinforcing inequality.²⁸ Some people in the Office of the Prime Minister were arrested.²⁹ The Office of the Prime Minister, entrusted to handle disasters such as COVID-19, is not new to corruption scandals. For example, in 2012 an accountant in the Prime Minister's office was arrested and later convicted, following the disappearance of 5 billion shillings meant for peace recovery and development plans in Northern Uganda- one of the poorest regions in the country.³⁰ OPM has also been accused of mismanaging Uganda's refugee response and misallocating money meant for refugees.³¹

²⁴Daily Monitor. 2020. Shock as security is allocated more money for coronavirus fight. <https://www.monitor.co.ug/News/National/Shock-security-allocated-more-money-coronavirus-fight-Kasaija-/688334-5510796-eacjiz/index.html>

²⁵CSBAG. 2020. What citizens need to know about the Uganda shillings 304 bn COVID-19 supplementary budget request. <https://csbag.org/wp-content/uploads/2020/04/CSBAG-STATEMENT-ON-COVID-19-SUPPLEMENTARY-REQUEST-3.pdf>

²⁶Chimp Reports. 2020. Parliament passes 304 billion COVID-19 supplementary budget without debate. <https://chimpreports.com/parliament-passes-shs-304bn-covid-19-supplementary-budget-without-debate/>

²⁷New Vision. 2020. Gov't donates food to vulnerable. https://www.newvision.co.ug/new_vision/news/1517534/gov-donates-food-vulnerable

²⁸Oxfam. Op.cit

²⁹Daily Monitor. 2020. Four OPM Officials arrested over procurement prices for beans, maize flour. <https://www.monitor.co.ug/News/National/OPM-officials-arrested-inflated-prices-for-COVID-19-relief-food/688334-5519020-rxgb2tz/index.html>

³⁰New Vision. 2019. Uganda's biggest corruption scandals. https://www.newvision.co.ug/new_vision/news/1511556/ugandas-corruption-scandals

³¹Daily Monitor. 2018. OPM hit by refugee corruption scandal. <https://www.monitor.co.ug/News/National/OPM-hit-refugee-corruption-scandal-/688334-4291600-13m30m6z/index.html>

Even with the challenges around food distribution, government has kept a stalwart face. President Museveni, the face of the fight against corona virus has captured social media with hilarious quotes. Allegations of a questionable quarantine system was promptly and publicly addressed, and human rights limitations explained as necessary to save Ugandans. The beds at Mulago hospital were displayed, where the coronavirus center is said to have 900 beds. This is what happens when rich Ugandans become the general public. There is a show of solving problems of commitment, even though for decades we did not put our money where our mouth is.

Women bear the burden of Health Inequality

Still, the cracks in the Uganda COVID-19 response are beginning to show. It is getting clearer that quick fixes, however well meaning, will not fix the underlying inequalities that people face every day. In the face of disaster, women are often worse hit. COVID-19 is no exception. Already, at least seven women have died of child birth related complications that could not be addressed on time- thanks to the fact that they could not easily access public transport to take them to the health center.³² People have complained that RDCs, who are supposed to give permission to sick people to travel, are not answering their phones, and motor cycle taxis carrying pregnant women risk being seized by security personnel. In essence, COVID-19 is worsening the already appalling situation of women dying when giving birth.

Women in rural areas, which also have higher levels of poverty than urban areas, are disproportionately affected. These women are, even without COVID-19, more likely to use traditional birth attendants or unskilled relatives during their pregnancy. For these women, the opportunity cost of accessing a health center is often too high. How will the bills get paid? Who will look after the children left at home? Who will look after their spouse? A COVID-19 response that pays no attention to the realities of women, and the ways at which patriarchy inherently leaves them vulnerable is flawed. And, even as IMF predicts that Uganda's economy will emerge as one of the most resilient in the face of COVID-19,³³ women will no doubt be left battered.

³²Reuters. 2020. In Uganda, mothers in labour die amidst corona virus lockdown. <https://www.reuters.com/article/us-health-coronavirus-uganda/in-uganda-mothers-in-labour-die-amidst-coronavirus-lockdown-idUSKCN21R2FA>

³³IMF. 2020. Policy responses to COVID-19. <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>

In addition to maternity deaths in the face of COVID-19, women are reporting more cases of domestic violence as abusive spouses and other men stay at home expecting to be catered to. At least 51 percent of women in Uganda have experienced domestic violence. Violence against women is linked to expectations about their roles. For instance, cooking food or taking care of children. It is also linked to how they are expected to behave towards the men in their lives; that is be meek and listen. The UN reports that reports of domestic violence have doubled during the COVID-19 pandemic, with the UN Secretary General explaining that:

"We know lockdowns and quarantines are essential for suppressing COVID-19. But they can trap women with abusive partners."

UN has recommended that domestic violence plans be made part and parcel of the coronavirus response. Further, in closed up domestic situations such as that of COVID-19, the already unfair domestic workload on women grows even heavier. They have to look after children who are out of school, older people and those who are ailing from corona virus or other diseases.³⁴ Women whose behavior does not conform or who do not perform their role to expectation are beaten back into line within the confines of a lockdown. Security organs for whom domestic violence has never been a priority feel overwhelmed and are not likely to pay domestic violence victims attention- a fact the president has himself admitted.³⁵

The by-products of this violence and abusive situation will be more unwanted pregnancies for both adults and teenagers. Uganda already has an unmet need for family planning of 24 percent. Less women are likely to access family planning during lockdowns and quarantines. Teenagers from poor families are especially at risk. They may live in closer quarters with relatives, and they and their parents might lack appropriate knowledge to address sexual abuse. Besides, reporting sexual abuse in a lockdown situation is likely to cause family acrimony. The easier thing is therefore to stay silent- a continuation of the culture of silence on violence against women that existed even before COVID-19. Teenage pregnancy will in turn mean that girls drop out of school. This will be compounded by economic situation families will be in post COVID-19. Already, in the absence of resources, families prefer to educate boys rather than girls.

³⁴UN. 2020. Put women and girls at centre of COVID-19 recovery: UN Secretary-General <https://news.un.org/en/story/2020/04/1061452>

³⁵African Feminism. 2020. How Uganda's COVID-19 response measures are failing women. <https://africanfeminism.com/how-ugandas-covid-19-response-measures-are-failing-women/>

The above realities of women in the face of COVID-19 are not just sad facts. They are but an intricate part of a system designed to undermine the health and wellbeing of women while benefiting from their labor. And, without the right interventions, COVID-19 will leave Ugandans worse off. And women will be at the bottom of the pyramid. Already, women make up the majority poor and vulnerable. They work in the lowest paying sectors of the economy such as domestic work, mining and quarrying.³⁶ These low paying casual jobs are the first to be axed in the face of a pandemic compounded by a financial crisis and a history of inequality. The president said the poor will remain poor after COVID-19. The truth is that, for the already vulnerable, they will be even poorer.

Breaking the spiral of silence on exclusion during COVID-19

This paper has shown that Uganda's response to COVID-19 is no different to its general approach to development- it is blind to the situation of the poor and most vulnerable, especially women. It has shown the ways in which COVID-19 has highlighted inequality in our health system, and how the poor and women have been denied their full right to health by the rich and powerful who, before COVID-19, had the option of flying out. It makes a case for investing more in an inclusive COVID-19 response that is alive to existing inequalities and resolves rather than compounds them.

No doubt, given the gravity of COVID-19, it is difficult to think of other equities now. The popular stand is to support government completely without question. But going forward blindly only means that we risk the lives of our vulnerable. Government should therefore immediately follow UN recommendations and map the needs of women and other vulnerable groups and draw up a plan on how COVID-19 response will address their specific especially in terms of maternal health, protection from violence, teenage pregnancies and ensuring all girls return to school after COVID-19. This plan must be well funded and implemented. Failure to do this will mean that we regress on the few gains that we had made in terms of empowering women and other vulnerable groups.

³⁶Oxfam op.cit

The challenges and exclusion that we have seen during COVID-19 should set us on a path of reforming our health sector as a country. We need to increase our investment in health, and work towards reducing the amount of money people, especially the poor, spend on health. COVID-19 should cause us to rethink our priorities and redistribute money that goes to sectors such as security to health. Government should work towards meeting the Abuja declaration commitment of having 15 percent of the budget dedicated to health within the next two years. Health sector reforms should also involve revising salaries and benefits of health workers so that they are better motivated. This should be complemented by a decisive anti-corruption campaign in the health sector, led by government. COVID-19 reminds us that money should not be the decisive factor when it comes to who lives; and everyone deserves to enjoy their right to good health no matter the depth of their pocket, their sex or gender identity.

Lastly, COVID-19 has reminded us that social norms that keep women poor and excluded flourish even in the face of a pandemic. Addressing the root causes of women's exclusion, including in access and enjoyment of better health, is still quite contentious. Culture and religion are still used as excuses to relegate the needs of women while benefiting from their hard labor. Article 52 of the Constitution of Uganda places on the Human Rights Commission the duty to educate people and enhance environment for enjoying rights. Such education should include a confrontation of social norms that exclude women and compound inequalities. COVID-19 has also showed us that government bodies have power to influence behavior change, and all they need is commitment. Under leadership of the Uganda Human Rights Commission, government should put the same effort in fighting social norms that exclude and have led to the death of women for decades, as it has put in fighting COVID-19 pandemic.

About the Author

Patience Akumu is an unapologetic feminist and social justice campaigner dedicated to influencing policies so that they can address income inequality and cater for the interests of the indigent, women and children. Akumu writes for national and international Newspapers like The Guardian, Observer UK and The Observer Uganda. She was the winner of the 2013 David Astor award for journalism, for which she was nominated for her work on human rights. She also does social justice promotion research and advocacy work for civic organizations. She is currently communications lead for USAID Integrated Community Agriculture and Nutrition activity.

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