

Every Ugandan needs health insurance because they are one hospital bill away from poverty



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Sickness never announces itself to anyone. It arrives suddenly at the worst possible time when one has not saved enough to cover the hospital bill. Within hours, a family finds itself rushing a loved one to the emergency ward, facing Intensive Care Unit and other procedures costing millions of shillings in a single day.

Relatives scramble to raise money and many end up at the doors of money lenders who exploit their desperation, offering loans at exorbitant interest rates, sometimes charged on a daily basis.

To raise cash fast, families put property on sale, often at half its value. We have all witnessed hospitals refuse to discharge a patient until the bill is cleared, or decline to release a body when a loved one does not survive. What started as a sickness ends up as an economic catastrophe for the entire family.

The only way a household can be shielded from this kind of catastrophe is by having health insurance. Yet, coverage in Uganda remains critically low. The Uganda Demographic and Health Survey (UDHS) 2022 revealed that only one percent of women and men aged 15 – 49 had both heard of health insurance and were actually insured, meaning just one in every 100 Ugandans had or heard of the cover.

Worse still, those who are covered are largely workers in corporate institutions

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and the formal sector, meaning farmers, traders, boda boda riders, and others in the informal economy, who make up the vast majority of Ugandans, remain entirely unprotected. This leaves most households one sickness away from losing property and falling into poverty.

In 2021, Parliament passed the National Health Insurance Scheme (NHIS) Bill that aims to extend health insurance coverage to all Ugandans, but the president returned it for further consultation. Five years later, Ugandans are still waiting for the bill to be re-tabled and passed. The ministry of Health can draw on the experiences of Rwanda, Kenya, and Tanzania, all of which have functional national schemes while designing a model suited to Uganda's context.

While the country awaits the NHIS, some hospitals have established their own insurance schemes, offering individual, family, and group packages to Ugandans, with advanced inpatient limits of up to Shs 50 million annually. Other insurers have introduced affordable plans, starting from as low as Shs 5,000 per month. These are a good start and demonstrate that affordable health cover for ordinary Ugandans is now possible.

Additionally, community-based health insurance schemes offer a practical entry point for those in rural areas and the informal economy. The Bwindi

Community Hospital scheme in Kanungu and the Kisiizi Hospital scheme, which cover over 42,000 people across the six south-western districts, are living proof that this model works. Members join in groups of at least 20 households and contribute just Shs 12,000 to Shs 19,000 per person annually, less than the cost of a few kilograms of sugar, receiving cover for emergencies and acute illnesses up to Shs 2 million.

As revealed by the UDHS 2022, only one percent of Ugandans are aware of health insurance. Therefore, the Insurance Regulatory Authority of Uganda and hospitals running health insurance schemes should urgently scale up public education, reaching villages, markets, churches, and radio stations so that ordinary Ugandans know that affordable health insurance cover exists and how to access it.

Ugandans need to appreciate that health insurance is not an expense; it is a shield for everything they have worked for. The land, the livestock, the family savings that vanish overnight to pay a hospital bill could all be protected for as little as Shs 12,000 a year. Sickness strikes without warning, and the time to prepare is before a loved one is in the emergency ward.

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