



**African Centre for Global Health and  
Social Transformation  
(ACHEST)**

**Scoping Study**  
**On the**  
**Readiness of Uganda to roll out Health and Health Related**  
**Sustainable Development Goals**

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## **I. LIST OF ABBREVIATION**

CNDPF	Comprehensive National Development Planning Framework
CPAU	Certified Public Accountants of Uganda
CSBAG	Civil Society Budget Advocacy Group
CSO	Civil Society Organisations
EPRC	Economic Policy Research Centre
FOWODE	Forum for Women in Democracy
KRA	Key Results Areas
LLITN	Long Lasting Insecticide Treated Nets
HPTT	Health Policy Think Tank
IHR	International Health Regulation
ISC	Implementation Steering Committee
MDG	Millennium Development Goals
MOFA	Ministry of Foreign Affairs
MOFPED	Ministry of Finance, Planning and Economic Development
MOLG	Ministry of Local Government
MoH	Ministry of Health
NCD	Non Communicable Diseases
NDP	National Development Plan
NPA	National Planning Authority
NTF	National Task Force
OPM	Office of the Prime Minister
PCC	Policy Coordination Committee
PSFU	Private Sector Foundation of Uganda
SEATINI	The Southern & Eastern Africa Trade Information & Negotiations Institute
SDG	Sustainable Development Goals
SPH	School of Public Health of Makerere University
RHU	Reproductive Health Uganda
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UHC	Universal Health Coverage
UNCT	United National Country Team
UNDESA	United Nations Department of Economic and Social Affairs

## **1. BACKGROUND:**

This report is about the status of Health and Health related SDG implementation in Uganda and the extent to which Health Policy Think Tanks (HPTT) are involved in implementation. It provides an overview of the institutional and coordination structures for implementation of the SDGs. It also identifies key stakeholders like health and Health think tanks that can play a key role in the rolling out of Health SDGs.

“Think Tanks” are Policy Research Institutions with a key role to play in fast-tracking the improvement of lives of people especially in Africa, by producing high-quality research data required to address health policy challenges. A high-quality research evidence base is essential for informing the health policy shifts required to move towards the sustainable development goals (SDG) by 2030. The first days of SDG implementation are critical. The initial actions taken jointly by all stakeholders in society - including public agencies, civil society and the private sector - will set the foundation for success or failure in the years to come. To this end, the first 1,000 days-window of SDG implementation has been identified as the critical window for action for “Starting Strong”. The potential of think tanks to contribute to “Starting Strong” - and to continuing strong - is however constrained by a variety of factors in Africa, including national governance context, and the limited available support to build think tank’s capacities and to ensure their sustainability.

The first of the regional “Think Health Initiative” consultations was focused on eastern and southern Africa. It was held in Kampala, and hosted by ACHEST. Some of the questions that were initially addressed at that consultation, and which will be explored more profoundly through this pilot project, include:

- How is the global SDG agenda being mainstreamed into national planning documents, priorities, and processes in selected East African countries?
- What are the implications of the SDG agenda for Health Policy research and Health Systems reforms in the country where we work?
- What roles have policy-research institutions played to date in SDG implementation, advocacy, and/or monitoring in selected East African countries? Specifically, in health-related SDG implementation?
- What niches are Think Tanks productively occupying as we move forwards on Agenda 2030?

The Kampala consultation produced a Communique [9] which articulated the following “way forward” for East and Southern African policy research institutions working in support of the SDGs:

1. At the National level, cross sectoral work is the priority for achieving the SDGs. This approach provides health think tanks with many entry points for contributing to SDG implementation. In each country, the health think tanks should get together with their governments and assign themselves niches for work to take forward in synergy.

2. At the Regional level the health Think Tanks would like to continue to work together and bring others for collaboration through a regional network. This will initiate the establishment of an Africa Regional Network of Health Think Tanks supporting implementation of SDG in the region. This Network of African Health Think Tanks will therefore have a common interest of taking “health outcomes as a centre-stage objective”, for supporting SDG implementation.

3. At the Global level, the African Region Health Think Tanks and their network, will aim to link with other Institutions from the world, engaged on similar streams of work for learning from each other, building capacity through mutual support, and collaboration.

The study findings should contribute to the future design of follow on interventions.

## **2. UGANDA'S SOCIO-ECONOMIC AND POLITICAL CONTEXT**

### **2.1 Economy;**

Economically, the country's gross domestic product has steadily been increasing at a rate between 5 – 9% in the recent past. The percentage of Ugandans living below the poverty line decreased from 56.4% in 1992 to 19.7% in 2012 (The state of Uganda population report 2014). However, poverty remains deep-rooted in rural areas, where most of the population lives. The economy is transitioning from an agricultural one, to an industrial, service driven economy with key drivers of the economic growth shifting towards more industrialized activities.

Development Aid has played a key role in stabilizing and improving the economy over the past 30 years. In addition, Diaspora remittances increasingly contribute to the country's economy.

The economy is estimated to have expanded by 3.9 percent during the FY 2016/17. The GDP in Uganda was worth 25.53 billion US dollars and the GDP per Capita is US\$ 616 (2016)

Uganda's socio economic development challenges emanate from the continued uncertainty surrounding the recovery in global economic growth, weak commodity prices and geopolitical events in some of the key trading partners.

### **2.2 Governance**

Administratively, Uganda is sub-divided into 117 districts under five administrative regions of Western Central, Eastern, Northern and West Nile with Kampala City being one of the districts. Each district is further demarcated into counties, sub-counties, parishes and villages in that order. The Multi party political dispensation commenced in 2001 and ever since then the NRM Political organization has been able to win in the general presidential election to date. Presidential elections are conducted after every five years. Relative security, law and order, have enhanced the economic growth in the country.

Uganda's population is estimated at 36.9 million people (2016/17) with a population growth rate of 3.22% (estimate 2016), giving an estimated population of 42.4 million people by 2020<sup>1</sup>. The life expectancy in the country is around 58.5 years, with the life

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<sup>1</sup> HSDP 2015-16/2019-20

expectancy of males being 56.7 years and 60.5 years for females. The average household size is 4.7 persons, with a Sex Ratio of 94.5 males per 100 females. An estimated 72% of the population lives in rural areas as compared to 28% in urban centres. 49% of Uganda's population is under the age of 15 and with 18.5% of the total population being under-five. Those aged 65 years and represent 2.3% of the total population

The average number of children born by a Ugandan woman in her life time (fertility rate) declined from 6.2 in 2011 to 5.4 in 2016<sup>2</sup>. Infant mortality also further declined from 54 to 43 deaths per 1,000 live births over the same period while under-five mortality reduced from 90 to 64 deaths per 1,000 live births.

There has also been a sustained reduction in maternal deaths with the Maternal Mortality Ratio further declining from 438 deaths per 100,000 births in 2011 to 336 in 2016<sup>3</sup>. This translates to just over 3 maternal deaths for every 1,000 births. These results add to the much needed evidence base for guiding a wide range of policies and investments in human development

### **2.3 Enabling environment in achieving**

The partnership with other nations, international organizations and public and private stakeholders is one factor that will accelerate progress toward a world safe and secure from infectious disease threats and to promote global health security as an international security priority. The focus is on; preventing epidemics, detecting biological threats early, and rapidly responding to disease outbreaks, whether naturally occurring, intentionally produced, or accidentally caused.

Uganda recognizes the right of everyone to enjoy the highest attainable standard of physical and mental health. Irrespective of where one lives, gender, age or socio-economic status being healthy and having access to quality and effective health care services is of fundamental importance for all people, while at the same time healthy populations are essential for the advancement of human development, well-being and economic growth.

Addressing the social, economic and environmental determinants of health, not just the proximal causes of illness and disease has been part of the enabling environment in implementing SDG 3. Addressing social determinants has been shown to be an effective way of increasing equity of access and outcome. Similarly, tackling the burden on NCDs will require action in multiple sectors.

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<sup>2</sup> UDHS 2016; Key Indicators

<sup>3</sup> Maternal mortality estimates from the 2016 UDHS are not comparable to the estimates from the previous UDHS surveys due to differences in methodology

Finally, in order to accelerate the momentum in attaining the SDGs targets, Uganda is committed to pursuing the UHC agenda within the framework of the Vision 2040, NDP II, NHP II and HSDP 2015/16 - 2019/20.

## **2.4 Challenges in achieving SDGs**

The challenges in achieving SDGs so can be summarized under management capacity and coordination, M&E, implementing SDGs in an integrated manner and limited engagement of the academia and health think tanks. These challenges are elaborated below:

### **Management Capacity and Coordination Challenges:**

- Resources are not sufficient at Local Government due to lack of capacity internally.
- Limited Community participation, where they are not comprehensively consulted nor involved in the implementation of development programs. This restricts the understanding and accessibility of resources for such initiatives.

### **The challenge of implementing the SDGs in an integrated manner:**

- None of the SDGs is new. The 17 Goals are all related to issues on which Uganda were already working before the SDGs were adopted. However, the SDGs come with the challenge of implementing them in an integrated or cross-cutting manner, which calls for revisiting the way our MDAs/organizations work. This challenge requires MDAs and other organizations to change from working in a “silo” or sectoral approach, and to work instead across sectors.

### **M&E Related challenges**

- The NPA Results and reporting Framework (RRF) and the National Standard Indicator Framework (NSIF) need to be finalized. This will enable easy collection of baseline data for some of the indicators at national level that are missing
- Limited resources allocated to statistical activities and irregularity of data collection
- Capacity and skills required to collect, analyse and manage data will need to be enhanced continuously for reliable and credible data especially at lower level of governments where services are delivered

### **Inadequate engagement of Health Research Institutions**

- There has been limited engagement of Health Policy Research Institutions to participate in the process of aligning and rolling out and the implementation of SDG 3.



- Academia and Health Think Tanks can play a crucial role of making evidence available for decision making and without early engagement with such institutions, new knowledge and evidence may be missed out in influencing decisions at different levels of governance

### **3. METHODOLOGY: DESK REVIEWS**

This study is based on both primary and secondary data. The task was accomplished through interaction with various sources at national level;

- a desk review of relevant materials
- Data collected from NPA and MoFPED database
- Reports from the UN agencies (UNDP UNCT)
- Key informant interviews with individuals from sampled institutions including and not limited to NPA, EPRC, UBOS, OPM, MoH, Uganda NGO Forum
- Internet searches on available literature on SDG and localization in Uganda

The analysis is primarily focused on the readiness and level of implementation of the Agenda 2030 by Uganda.

### **4. LIMITATIONS TO THE STUDY**

There was limited time available to carry out key informant interviews with the stakeholders across government and the private sector and non-state actors

## **5 FINDINGS:**

### **5.1 Institutional arrangements (Government, CSOs and Private Sectors), coordination**

The level of commitment of Uganda towards the attainment of the 2030 Agenda is high and this is demonstrated by the structures and frameworks in place. National capacity to formulate and implement development policies, plans and programs is being enhanced.

Uganda has a long term Comprehensive National Development Planning Framework (CNDPF) whose continued implementation inevitably provides a context within which to localize the fifteen-year 2030 Agenda. The CNDPF provides for the development of the 30 year Vision, three 10 year Perspective Plans, six five-year Development Plans, five Sector Development Plans and Local Government Development Plans and annual plans and budgets. To date, the country has already developed the Uganda Vision 2040 and the first and second National Development Plans<sup>4</sup>

The launch of 2015 global development agenda 2030 coincided with the design of Uganda's second National Development Program. It is noted that it is the responsibility of each country to put into place structures and mechanisms upon which performance of the indicators will be monitored at all levels. The integration of the SDGs into the second National Development Plan has been done using the following mechanisms and frameworks:

#### **Coordination mechanisms to Steer Implementation of SDGs**

The overarching tool that is instrumental in the SDG monitoring is the National Coordination Policy, whose major role is to guide the coordination framework on SDGs, as well as other government programs. The Policy outlines the guiding framework for management of Government's coordination machinery to enhance public service delivery and effective implementation of national planning frameworks and programs. To support the Policy, there are a number of other mechanisms that will contribute to the effective coordination of SDG implementation.

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<sup>4</sup> Review Report on Uganda's Readiness for the Implementation of the 2030 Agenda.

### **a) Sector Wide Approach to Planning**

In order to effectively harmonize and coordinate planning, financing and implementation at both central and local governance levels, Government of Uganda established the Sector Wide Approach in the 1990s. While the mechanism suffered major setbacks, and were unable to deliver the desired outcomes in most sectors, Government intends to re-institutionalize and ensure operationalization of the sector wide approach within the SDG framework, to facilitate inter-sectoral collaboration.

### **b) Implementation Planning**

Implementation planning has been strengthened to effectively coordinate the various stakeholders, especially to respond to the inter-linking and multi-sectoral nature of the SDGs. As a result, a likely reduction in duplication of resources is to be realized, leading to efficient and effective implementation of the SDGs. Where necessary, multi-sectoral action plans or strategies will be developed to rally key implementing stakeholders and map out key milestones for the SDGs. NPA acts as the clearing house through which SDGs interventions, cross cutting in nature are coordinated to ensure that stakeholder's plans are synchronized

### **c) The SDG Coordination Framework**

The country has since positioned itself to adopt an SDG coordination framework, which is operated through different levels of political and technical committees, as follows:

- i) ***SDG Policy Coordination Committee (SDG-PCC)***: This comprises of members of Cabinet, Heads of UN Agencies, and Heads of Missions, chaired by the Prime Minister. This committee provides policy guidance and direction to MDAs on SDGs, and reviews implementation.
- ii) ***SDG Implementation Steering Committee (SDG-ISC)***: This comprises of Permanent Secretaries, Heads of Agencies, and Development Partners, chaired by Head of Public Service and Secretary to Cabinet. The role of the Committee will review progress and make recommendations to the PCC.

iii) ***SDG National Task Force (SDG-NTF)***: This comprises of technical officers from OPM, MoFPED, MoFA, MoLG, NPA, UN, NGO Forum, and PSFU. The Committee is chaired by the Permanent Secretary in the OPM. The committee meets quarterly to review reports from Technical Working Groups for consideration by ISC.

iv) ***SDGs Technical Working Groups (SDG-TWGs)***: This is to engage various ministries as follows: Coordination, Monitoring, Evaluation and Reporting TWG led by OPM; Data TWG led by UBOS; Planning TWG led by NPA; Communication and Advocacy TWG led by OPM; and Finance TWG led by MoFPED.

## **5.2 Institutional Framework**

The study has noted the country's elaborate institutional framework supporting the implementation of the policy, legal and planning frameworks, including the facilitation of the implementation of the 2030 Agenda for Sustainable Development. They are as follows:

i) The Office of the President: Responsible for overall leadership and oversight of implementation, also charged with the responsibility for citizen mobilization to embrace the national development agenda.

ii) The Cabinet: This is charged with providing policy direction for the development agenda.

iii) The Parliament: Oversees implementation of the development agenda, appropriates resources for financing development, ensures the national budget is aligned to the NDP and enacts enabling legislation to support development.

iv) The Office of the Prime Minister: Responsible for coordinating implementation of all development programs and monitoring, and reporting progress of implementation of all government policies and programs.

v) The National Planning Authority: NPA is the central agency charged with the production of comprehensive and integrated development plans for the country. In its role, NPA ensures that such global commitments on sustainable development are localized and mainstreamed into the national development plans. NPA also ensures that sectors' and local governments' development plans align to the national

development priorities through alignment processes and the issuance of certificates of compliance.

vi) The Ministry of Finance, Planning and Economic Development: This is responsible for resource mobilization and allocation, ensuring accountability for resources disbursed, and ensuring there is a direct linkage between planning, budgeting, and resource allocation during budgeting and implementation.

vii) The Uganda Bureau of Statistics: UBOS is responsible for provision of data, coordinating and harmonizing data, and ensuring that all the relevant indicators are captured into the national statistical system.

viii) The rest of the MDAs develop and implement sector plans in line with NDPII priorities, account for allocated resources, and provide technical support and supervision to local governments.

ix) Local Governments: These are service delivery points that implement national projects and programs, and mobilize local revenues to finance local government priorities, as well as mobilizing the population to participate in development programs.

x) Private sector and other non-state actors which play a key role in partnering with government to deliver development programs.

### 5.3 Integration of SDG in National Planning processes

Uganda has continued to grapple with the implementation of the SDGs across sectors. There are numerous challenges that Government outlines to have constrained the systematic adoption of all indicators across all goals. There are a total of 9 targets and 26 indicators, but out of them, only seven have been adopted into the NDP II, and they are as follows:

<p>SDG 3: Ensure healthy lives and promote well-being for all at all ages</p>	<ul style="list-style-type: none"> <li>• Reduce maternal mortality rate per 100,000 live births from 438 to 320 by 2020</li> <li>• Reduce infant mortality rate per 1,000 live births from 54 to 44 by 2020</li> <li>• Integrate reproductive health into national strategies and programs</li> <li>• Reduce annual outpatient department attendance to reduce malaria cases from 12,224,100 to 2,600,000</li> <li>• Reduce new HIV infections among adults</li> <li>• Establish a functional surveillance, monitoring and research system to support the prevention and control of Non Communicable Diseases.</li> <li>• Design and implement a National Health Insurance scheme</li> </ul>
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The Ministry of Health in its annual performance report on the other hand recognizes the following as Health Impact Indicators:

1. Neonatal Mortality Rate
2. Infant Mortality Rate
3. Under Five Mortality Rate
4. Maternal Mortality Rate
5. Total Fertility Rate

However, according to available information, Government adopted only selected indicators of Development Goal 3, upon which baseline information was collected, and are since being monitored. Out of the 26 indicators, Government has adopted only 11, which are as follows:

3.1.1 Maternal mortality ratio
3.1.2 Proportion of births attended by skilled health personnel
3.2.1 Under-five mortality rate
3.2.2 Neonatal mortality rate
3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key

populations
3.3.2 Tuberculosis incidence per 1,000 population
3.3.3 Malaria incidence per 1,000 population
3.6.1 Death rate due to road traffic injuries
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

### ***Indicators not adopted yet relevant to the Health Sector***

As has been noted, due to capacity constraints and other factors, Government has not been in position to adopt all the indicators related to the health sector.

3.3.4 Hepatitis B incidence per 100,000 population
3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6.1 Death rate due to road traffic injuries
3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

### **Proposed Indicators for adoption in Uganda**

To enhance data capturing and management, Uganda is in the process of finalizing a National Standard Indicator Framework to track progress towards attainment of middle-income status by 2020. This framework builds on the National Monitoring and Evaluation Policy, the Integrated NDP II Monitoring and Evaluation Strategy. Through these instruments the implementation of SDGs will be monitored, evaluated, and reported on. Already, Uganda has established that out of the 230 indicators in the global indicator framework for SDGs, only 80 indicators have data readily available in its current national statistical framework and the NDP II integrated some of the indicators, while others will be integrated into the subsequent third and fourth plans.



## **5.4 Funding for SDG implementation**

To ensure the effective implementation for attainment of SDGs under the CNDPF, specific mechanisms have been put in place for monitoring, reporting, data production, resource mobilization and advocacy.

The study acknowledges that supportive institutional frameworks, policy framework, partnerships and multi-stakeholders participation are the corner stone for the successful and effective implementation of these global agreements, and the realization of the changes desired and sought.

Uganda's readiness to implement the 2030 Agenda is demonstrated by the leadership and ownership at both the political and technical levels which have shown commitment towards the implementation and achievement of the Agenda. Resulting from this, Uganda was among the first countries to integrate the Agenda in its national planning frameworks particularly in the Second National Development Plan (NDPII) and had integrated the principles of sustainable development on its National Vision. The country boasts of enough existing legal, policy, planning and institutional frameworks essential for the progressive implementation of the 2030 Agenda.

Financing and resource mobilization for the implementation of the Agenda 2030 is enshrined in the NDPII Fiscal Strategy, which informs the allocation of resources to critical sectors of the economy and core projects under the current NDPII. The SDGs are also directly referred to in the Background to the Budget FY YEAR 2017/18. The Fiscal Strategy emphasizes domestic revenue financing for sustainable growth. Furthermore, resources for implementation of the SDGs will be mobilized through South South cooperation, outreach to the private sector and emerging development partners. As stated in the NDPII, GoU is frontloading investments in key sectors such as transport, energy and mineral development, water and environmental resources, agriculture,

education and health to harness concessional and semi-concessional financing and other development support facilities that are targeted to accelerate investment in infrastructure and human development among others. These investments are operationalized through the implementation of Core Projects under NDPII. The majority of Core Projects under the NDPII contributes to the SDG 7, SDG 8 and SDG 9, and thus reflects the high national priority to these Goals. Projects also contribute to SDG 2, SDG 3, SDG 4, SDG 5 and SDG 16.

### **5.5 Monitoring & Evaluation frameworks**

The SDGs in Uganda will be monitored as part of the National Policy on Public Sector Monitoring and Evaluation (2013) that guides the monitoring and evaluation of sectors, public policies, strategies, programmes and projects managed by MDAs, LGs, parastatals and executing agencies in Uganda. The Policy is operationalized through the Results and Reporting Framework (RRF) for the NDPII, and the appertaining National Standardized Indicator Framework (NSI). The Results and Reporting Framework (RRF) for the NDPII is a set of indicators that guides the collection, analysis and reporting of data and information needed to assess progress towards the realization of the NDPII development goals and objectives. The RRF is a three tier framework of detailed and interlinked indicators, targets and time frame at strategic, outcome and output level<sup>5</sup>.

The National Standards Indicator (NSI) framework operationalizes RRF indicators and includes additional prioritized standard indicators for monitoring regional and international development frameworks (including the East African Community Agenda 2050, African Union Agenda 2063, and Agenda 2030). The indicators are aligned to the overall goal and objectives of the National Development Plan II, the mandates of the respective MDAs of Government within the sector planning frameworks, and address the broad requirements of the SDGs. The NSI is made up of four levels of indicators: i)

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<sup>5</sup> Status of SDG Implementation Uganda – Interim Report(Unpublished) OPM Sept 2017

national level; ii) sector level; iii) service delivery outcomes; and iv) routine outcomes and indicators (aligned to the budget results). As part of monitoring at community level, SDGs have also been included in community-based information and accountability forums (*Barazas*) by the Government.

**Baseline Information and Production of data:**

The study found out that all data production will be through the existing statistical plan for second National Strategy for Statistical Development and the second Plan for National Statistical Development (NSDS II - PNSD II) – both are aligned to NDP II. The NSDS II and PNSD II provide an integrated programme for censuses and surveys and articulate mechanisms for strengthening administrative data and Civil Registration Systems.

For the Health sector, the UDHS Survey, Service delivery surveys, Household surveys are all part of the Plan and strategy. It can be noted that baseline information for some of the indicators under the SDG on Health have been established especially those that were already produced in the UDHS report 2015/16.

The study observes that there is need to include other relevant stakeholders in the Technical working group especially the Academia and Health Think Tanks so as to share some of the available findings of relevant studies under the SDG on Health.

## **5.6 Role of HPTT in SDG implementation**

Academic institutions and health think tanks are uniquely placed to broker links between different sectors and assist with cross cutting approaches to achieving the health related sustainable development goals.

In September 2015, countries at the United Nations General Assembly adopted the 17 sustainable development goals (SDGs), a set of targets for 2030 to mobilize action on three interwoven dimensions of our existence—people, planet, and prosperity.<sup>1</sup> The problems facing humanity and the planet are now acknowledged as being too large to be tackled by specific sectors—such as health, education, or trade—alone. In recognition of this, the SDGs expanded the scope of their predecessors, the millennium development goals (MDGs), and moved away from a siloed approach. While three of the eight MDGs concentrated on health, only one of the SDGs (goal 3) is focused on the broad goal of health and wellbeing for all. However, health is explicitly mentioned in many others and is connected with all 17 goals and 169 targets. This means that meeting the goals for health, as well as the other SDG targets, will require the involvement of a diverse set of actors<sup>6</sup>.

The World Health Organization has described the SDGs as providing “a new and exciting opportunity to strengthen governance for health.”<sup>7</sup> That is, making health a focus of decision making outside of what has traditionally been considered the health sector, and fostering joint action between sectors. Achieving any of the targets in goal 3 will require an approach that involves other sectors, as well as transformative policies and political commitment.

The achievement of the SDGs is dependent on national governments taking ownership and establishing policies, plans, and programmes. The political reality of Uganda which

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<sup>6</sup> Jha A, Kickbusch I, Taylor P, Abbasi K. SDGs Working Group. Accelerating achievement of the sustainable development goals. *BMJ* 2016;352:i409. doi:10.1136/bmj.i409pmid: 26825535.

<sup>7</sup> World Health Organization. World health statistics 2016: monitoring health for the SDGs, sustainable development goals. 2016. [http://apps.who.int/iris/bitstream/10665/206498/1/9789241565264\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/206498/1/9789241565264_eng.pdf?ua=1)

includes economic policies and systems, development agendas, social norms, social policies, political systems, and ideologies—will have a bearing on the achievement of the targets at a local level and therefore on the attainment of the SDG targets nationally and globally. Think tanks and academic institutions are poised to play a key role in political decisions that aim to tackle inequalities, shape healthy living and working environments, and ensure universal health coverage at both a national and global level<sup>8</sup>. This means not only analyzing and assessing progress towards the goals, but also acting as knowledge brokers between sectors and stakeholders to enable greater dialogue between the general public, decision makers, and wider society.

Think tanks and academic institutions are centres of excellence in research, with a special focus on policy research. The SDGs place greater demands on the scientific community than the MDGs because tackling systemic challenges and determinants requires research that takes many factors into account—social, economic, and environmental.

Whereas these Health Think Tanks exist in Uganda, so far their presence in influencing decision making for the implementation of the agenda 2030, is yet to be tapped.

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<sup>8</sup> World Health Organization. Adelaide Statement II: outcome statement from the 2017 international conference Health in All Policies: progressing the sustainable development goals. 2017. [http://www.who.int/social\\_determinants/SDH-adelaide-statement-2017.pdf?ua=1](http://www.who.int/social_determinants/SDH-adelaide-statement-2017.pdf?ua=1)

## **6. DISCUSSION**

### **6.1 Institutional arrangements (Government, CSOs and Private Sectors)**

Findings from the consultations with sampled stakeholders and the review of the relevant literature, reveals that the coordination framework which operates within the government structures is appropriate and does not set any other parallel institutions. The five layered framework that starts with sector working groups, technical working groups to a national task force and implementation steering committee and ends with a policy coordination committee can be an effective mechanism that can provide the leadership needed at all levels to implement the agenda 2030.

The study notes that two years down the road, there is some traction especially at National SDG Task Force and Technical Working Group levels.

However the study observes that the sector working groups need to do more to mainstream SDGs in the plans and budgets and translate the SDGs from a boardroom agenda to a local agenda that is clearly understood and reflected in the plans at lower level. In the same vein, the guidance to be provided by the National SDG Roadmap and Standard Indicator framework needs to be finalized as soon as possible to take the process to another level. This possibly will call for multi institutional technical working groups to draw practical work plans on their scope of work that can provide practical guidance on mainstreaming SDGs to avoid MDAs working in silos. Under the SDG 3 on health, the consultations indicate that some stakeholders like the think tanks on health are doing substantial work on some of the SDG targets like on Tobacco, epidemic surveillance, global health security and work the workforce, Non Communicable Diseases, Health financing, services delivery (TB survey and family planning uptake, inter alia that need to inform the decision making on the implementation of SDGs, but the findings need to be shared with policy makers on a more a wider level for greater synergy.

Uganda's institutional framework by and large is appropriate because the implementation of the Agenda 2030 is to be achieved through the interventions planned within the sectors and MDAs. The study notes that, there is urgent need to increase awareness creation on SDGs and delivery modes if the set targets are to be met within the set time frame. The multi-sectoral coordination will need to be strengthened because of the inter-relatedness of the SDGs. For the Health and Health related SDGs, health outcomes are not determined by the health sector alone and the need to work with other relevant sector across government. This calls for more sensitization for the MDA officials, Local Governments where services are delivered, CSOs, Private sectors and the community at large to understand alignment and mainstreaming of the SDGs at all levels and also ensure there is upward and downward accountability by the duty bearers and rights holders' respectively.

## **6.2 Integration of SDG in National Planning processes**

The alignment and integration of SDGs into the planning frameworks at national level has progressed well and this can be evinced in the NDP II. . Already, Uganda has established that out of the 230 indicators in the global indicator framework for SDGs, only 80 indicators have data readily available in its current national statistical framework and the NDP II integrated some of the indicators, while others will be integrated into the subsequent third and fourth plans.

However, this study observes that continuous popularization of the SDGs needs to be strengthened such that the agenda 2030 is clearly understood by all stakeholders to enable the integration of the targets at local service delivery structures.

### **6.3 Funding for SDG implementation**

Funding for SDG implementation is supposed to be through the existing mechanism like annual planning and budgeting cycles where resources are allocated to programmes. The study also acknowledges that other off budget arrangements may be used to support implementation of some of the SDG targets.

It will therefore be important for the all MDAs and local governments to understand how the plans and budgets that are developed contribute to the attainment of SDG targets without viewing SDGs as additional projects whose funding will be sourced outside the existing funding mechanism at national level.

### **6.4 M&E frameworks**

There have been frantic efforts to have M&E frameworks for the implementation of the Agenda 2030. Findings from the consultations indicate that the Lead Agency under this sub working group on M&E – data is working with other stakeholders to have all baseline data on all indicators available especially those indicators that do not have any baseline data. The finalization of the NSI framework will be critical in the generation of baseline data as well as facilitate monitoring and evaluation efforts.

It is also noted that capacity strengthening for data production is key in ensuring that credible and reliable data that can be used. Therefore resources will need to be mobilized to support skilling and motivating the key actors

### **6.5 Role of HPTT in SDG implementation**

The findings of the study through the consultations show that the participation of CSOs and Private sector is structured and formal which is commendable. However, there are some other CSOs and the academia that are excluded. The study takes note that under the SDG on Health and Health related SDGs, the Health Think Tanks are key actors in generating new knowledge and innovations that can lead to the attainment of the set targets. These are yet to be represented on the coordination structures for



implementation. With the finalization of the SDG roadmap, it is hoped that a more inclusive approach will be adopted to ensure that relevant stakeholders are brought on board to provide knowledge and experiences on implementation of the respective SDGs. The study observes that expanding membership to include other relevant stakeholders (like the Health Policy Think Tanks) on the technical working groups, sector working groups would be helpful. In the same vein, strengthening sensitization of CSOs, private sector, the Academia and Ugandan public will be essential moving forward

## **7. CONCLUSIONS AND RECOMMENDATIONS**

### **7.1 Conclusions**

Despite the above progress, Uganda still has significant room for improvement in pursuit of its sustainable development agenda.

The means of implementation structure follows the current structures of Government. SDGs have been incorporated into the NDP II with the aim to ensure that the Government policy framework, budget priorities and programmes are properly aligned with the SDGs in the overall framework of the NDPII. This alignment ensures adequate attention to the underlying challenges to economic growth and development.

The findings reveal that the role of Health Policy Think Tanks is critical in generating new knowledge and evidence for decision making and their engagement in the implementation of the Health and Health related SDGs has been acknowledged to have been minimal.

CSOs and private sector actors other stakeholders have been part of the consultative process and should be part of the structured engagement in the future.

The implementation of the NDP II implies the implementation of the 2030 Agenda. The existing and planned efforts to ensure a holistic approach to implementation of the 2030 Agenda

Key among the proposed means of implementation are; strengthening institutions and reforms, increasing domestic revenues as a proportion of GDP, investments in public infrastructure, reforming public procurement, rallying the private sector, civil society, citizens and other partners towards implementation; tapping into technological capabilities for innovation and efficiency, public private partnerships, empowering local governments to deliver services and mobilizing the population to effectively participate in the development programmes.

## 7.2 Recommendations

1. Implementation of Health and Health related SDGs will need to tap into the potential that exists within the Health Policy Think Tanks to provide new knowledge and evidence for decision making. HTPPs should therefore be engaged and supported to catalyse the implementation of Health and Health related SDGs
2. Strengthen inter sectoral collaboration for the implementation of agenda 2030 and revisit the sector wide approach. The need to address the 17 SDGs in a cross-cutting manner calls for, *inter alia*, adopting more collaborative structures and for keeping the information flows going, especially among actors and sectors that do not normally work together. Expand membership of some of the coordination structures to include relevant excluded stakeholders (Academia, Health Policy Think Tanks) for Health and Health related SDGs
3. Finalize the development of the National SDG Road Map and Standard Indicator framework to facilitate the collection of baseline data for the indicators whose baseline information is not available
4. To increase accountability and transparency, participation of different stakeholders in monitoring the implementation of the SDGs. Strengthen the involvement of think tanks, academia and other civil society in monitoring the implementation of the SDGs in Uganda
5. Continuously engage all stakeholders and create awareness about SDGs and provide frequent or regular updates on the level of implementation of the Agenda 2030. This will call for increased citizen engagement and real time monitoring of progress to increase ownership of the SDGs

### **7.3 Key messages**

For Uganda to realize the projected socio-economic transformation by implementing agenda 2030 to attain the SDGs, the following things have to happen;

- i) Shared responsibility by all Ugandans to implement agenda 2030 and Vision 2040
- ii) Doing business unusual by both public & private sector to grow the economy and ensure that decisions are made based on evidence
- iii) Health Policy Think Tanks should play a critical role in providing evidence for the implementation of Health and Health related SDGs
- iv) Strengthen implementation effectiveness and efficiency in public service delivery with multi-sectoral collaboration and avoiding to work in silos
- v) Increase public and private sector investment in health and health related SDGs
- vi) Mobilize resources and support implementation of the key sectors that will lead to achievement of the set targets under SDG 3
- vii) The political oversight role should ensure there is zero tolerance to corruption and bureaucracy

### **7.4 Opportunities**

Uganda has planning frameworks that help guide the development interventions that are meant to transform society. Uganda Vision 2040 revolves around harnessing the opportunities through strengthening fundamentals to foster faster socio-economic transformation. The opportunities are; Agriculture, oil, gas and minerals, tourism, industrialization, abundant labour force/ demographic dividend, fresh water resources, strategic geographical location and ICT. To tap these opportunities, the country will strengthen the following fundamentals namely; Infrastructure (construction of roads, railway, energy projects, water transport), human capital development, science technology engineering and innovation, urbanization, land, and peace security & defense.

The existence of Health Policy Think Tanks is an opportunity that will enhance the provision of knowledge to guide implementation health and health related SDGs based on evidence for decision making.

Economic growth is a necessary but not sufficient precondition for sustainable human development and therefore investment in implementing Agenda 2030 will provide an opportunity for social transformation of the Ugandan citizenry.

## **Annex 1. Documents Reviewed**

- i) The National Planning Authority Act, 2002
- ii) Public Finance Management Act 2015
- iii) The Uganda Vision 2040
- iv) The First National Development Plan (2010/2011 – 2014/15)
- v) The Second National Development Plan (2015/16 – 2019/20)
- vi) Uganda’s Readiness Report on Agenda 2030
- vii) Uganda’s Interim Report to UNGASS August 2017 (unpublished)
- viii) Health Sector Development Plan 2016/17-2019/20
- ix) Uganda’s Background to the Budget 2017/18
- x) Uganda Demographic and health Survey 2016
- xi) UNDP Ug 2016 Review Report on Uganda
- xii) Report on Localizing SDGs in Uganda by NGO Forum 2015
- xiii) Transforming our World; 2030 Agenda for Sustainable Development

## Annex 2. Key Informants

	<b>Name</b>	<b>Designation</b>	<b>MDA/CSO</b>
<b>1</b>	Mr. Boaz Musimenta	Asst Commissioner	OPM- PCC Department
<b>2</b>	Ms. Madina Guloba	Research Fellow	EPRC
<b>3</b>	Dr Rhoda Wanyenze	In coming Dean	SPH Makerere University
<b>4</b>	Ms. Norah Madaya	In charge of SDGs	UBOS
<b>5</b>	Ms. Winnie Nabiddo	Ag Head of Department Policy	NPA
<b>6</b>	Ms. Esther Nakayima	Policy Coordinator	NGO Forum
<b>7</b>	Professor A Mbonye	Director General	MoH
<b>8</b>	Dr. Mwebesa	Director Planning & Development	MoH
<b>9</b>	Dr Sarah BYAKIKA	Commissioner Health Planning	MoH
<b>10</b>	Mr. Keith Muhakinazi	Secretary to the Treasury	MoFPED