ReBUILD Consortium

Research Brief:

Northern and Southern Uganda: The Political Economy of Maternal Health Care Policy Reform after a Regional Conflict in a Fragile State

Background:

Northern Uganda is still recovering from a 20-year civil war that ended in August 2006. The Ugandan government's ambitious macroeconomic reform resulted in a high GDP growth rate and a reduction in absolute poverty in peaceful Southern Uganda. A post-recovery transition programme was implemented in Northern Uganda, however the region still hosts the nation's poorest population and has the worst health status, contributing to the country's failure to attain MDG five for maternal health by end of 2015. A number of studies indicate that globally, governance factors primarily influenced the attainment of the millennium development goals. In addition, maternal health is recognised as a robust marker for both the state of a health system and for socioeconomic disparities existing within a nation; hence the methods opted for in this study.

Methods:

Two qualitative approaches were applied to determining governance factors that influenced the maternal health care utilisation during the immediate post conflict period. First, a documentary review of constitutional, economic and health policy documents was undertaken to determine contextual drivers for maternal health policy formulation and implementation. Secondly, Political Economy Analysis was applied to data derived from in-depth interviews with decision-makers, health planners and implementers in central government, and district officials and civil society. It was also applied on focus group discussions with communities at sub-national level. Political Economy Analysis enabled the assessment of formal and informal institutions, power relationships and incentives that influenced maternal health care utilisation in post-conflict Northern and non-conflict Southern Uganda.

Results

A - Policy analysis - the relationship between National and Health Sector Policy

The end of conflict in Northern Uganda in 2006 coincided with the reestablishment of multiparty democracy and the implementation of a pro-poor national development policy. Over the twenty-five years of rule by the NRM government, supreme national development and health sector strategic policies progressively articulated the needs of Northern Uganda. Towards the post-conflict period the need for affirmative action addressing the needs of the conflict affected population was expressed reflecting a change in political stance. (See figure 1.1)

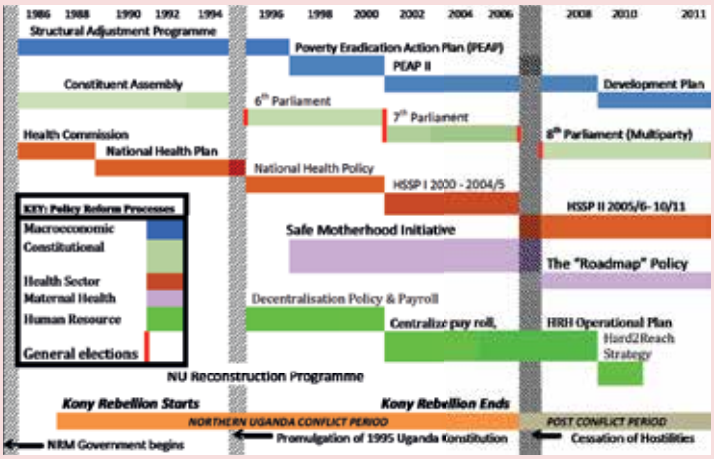

Figure 1: National and Health Policy Timelines

However while over-arching health sector strategic plans now advocating for additional resources for the north, specific policies: those for maternal health and human resources for health did not reflect this shift in prioritisation. This was reflective of parallels in the formulation of health policy and specific programme strategy.

B - National level governance factors contributing to poor maternal health policy implementation during the immediate post-conflict period

A combination of executive dominance, excessive powers of the Ministry of Finance, Planning and Economic Development and the funding preference of International Finance Institutions favoured a national development model that gave health care second priority. Women legislators were effective as national governance stakeholders in counteracting the powerful policy elite; they successfully pushed for extra maternal health care funding. However, they did not address equity in this effort. This was suggestive of political considerations on their part and limited information available to them about the diverse maternal health care needs across the country. The development model disenfranchised the Ministry of Health; the ministry had limited say over health sector funding. This deterred effective implementation of health policy in Northern Uganda as well as in more vulnerable populations in Southern Uganda. It contributed to the sector's limited involvement in the PRDP.

C - Sub national level governance factors contributing to poor maternal health policy implementation during the immediate post-conflict period

During the immediate post conflict period, decentralisation was deemed critical for recovery of the post conflict health system, donor agencies partnered and built the capacity of district local governments enabling them to identify and address community specific needs. In the non-conflict setting, however, political patronage and venal political-voter relationships interfered with the performance of the health system in providing maternal health care. Decentralised funds were diverted to projects that warranted political gain.

NGOs in the post-conflict setting were facilitated to address rights-based issues affecting maternal health care utilisation. In the non-conflict settings NGOs shunned this approach and supported the supply side. Newly created districts in Northern Uganda took advantage of these provisions to a stronger health sector response.

Local female politicians, unlike their counterparts at national level in both regions were considered as ineffective, lingering traditional norms and limited education deterred their representation of the needs of women.

Conclusion

Maternal health care is not a donor priority in post-conflict environments. Donor influence and the political and economic background of a fragile state hold critical but modifiable links to horizontal equity and maternal health status. While political pluralism and decentralisation portend greater opportunities for health system strengthening in the post conflict setting, a higher socioeconomic economic status in the non-conflict setting and better literacy levels were social determinants that guaranteed better maternal health care utilisation. Women leaders play a critical role in the development of the health sector in the fragile state.