
BILLS**SUPPLEMENT No. 10****9th August, 2019****BILLS SUPPLEMENT***to The Uganda Gazette No. 38, Volume CXII, dated 9th August, 2019*

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Bill No. 27 *National Health Insurance Scheme Bill* 2019**THE NATIONAL HEALTH INSURANCE SCHEME BILL, 2019****MEMORANDUM**

Currently, Uganda provides free health services at the point of consumption in Government health facilities except in the private wings of the general, referral and the national referral hospitals. As a result of this, Ugandans are experiencing a very high out of pocket expenditure on health, equivalent to 41% of the total expenditure on health (*National Health Annual Report of 2014/15*).

Where the required services are not available in the Government health facilities, Ugandans have to resort to the private health facilities where the health care services are expensive. The private health insurance schemes in Uganda cover only 1% to 2% of the population, are risk rated and the premium depends on age and existing health conditions.

The proposed health insurance scheme will pool resources, where the rich will subsidise the treatment of the poor and the healthy will subsidise the treatment of the sick, young and elderly. The implementation of the Scheme will lead to increased absorption of the health workers in the health sector and will harmonise the prices for health care throughout Uganda.

Key provisions of the National Health Insurance Scheme Bill, 2019

Part II of the Bill provides for the establishment of the National Health Insurance Scheme with the main functions of collecting and receiving funds and holding, depositing, investing, administering and disbursing the funds received, accrediting, monitoring, regulating and contracting health care providers and determining the payment mechanism to be used to pay health care providers.

Part III of the Bill establishes the Board of Directors of the Scheme comprising nine members. The Part provides for the meetings of the Board and the establishment of Committees of the Board.

Part IV of the Bill establishes the Secretariat of the Scheme to be headed by a Chief Executive Officer who shall be appointed by the Minister in consultation with the Board, on terms and conditions specified in his or her instrument of appointment. The Secretariat shall have other officers and staff as may be required.

Part V of the Bill provides for the contributions to be made to the Fund by the salaried employees and the self-employed persons. The Part imposes a penalty for late payment of contributions and stipulates the health care benefits to be provided under the Scheme to the members and the beneficiaries of the Scheme.

Part VI of the Bill regulates how the reserves of the Scheme may be invested, allows for advance payments to health care providers, provides for the preparation of the annual estimates of the Scheme and specifies that the expenses of administering the Scheme are to be paid out of the funds of the Scheme. The Scheme is to keep proper books of accounts which shall be audited by the Auditor General and the Minister is required to present to Parliament, every three years, the actuarial valuation of the Scheme.

Part VII of the Bill mandates all Government hospitals and health centres to be health care providers and provides that the privately.

owned health facilities and non-governmental health facilities may be health care providers. The Part further provides that the privately owned health facilities, non-governmental health facilities and licensed persons that seeks to provide health care services under this Act shall be accredited by the Accreditation Committee of the Scheme.

Under the Part, the Board shall monitor the utilization of health care services under the Scheme to ensure that there is no over utilization or under utilization of the health care services under the Scheme and may at any time inspect the premises of a health care provider, to monitor compliance with this Act and the contract of an accredited health care provider.

Part VIII of the Bill mandates the Board, where necessary, to establish regional health insurance offices to be in charge of national health insurance within the respective regions.

Part IX of the Bill provides for the suspension of health care providers who breach contracts entered into with the Scheme, whose performance is unsatisfactory, who are convicted of corrupt or fraudulent practice, who fail to substantially perform the obligations specified in their contract, whose members of staff are suspended by the Medical and Dental Practitioners' Council, for professional misconduct or who contravene the Act.

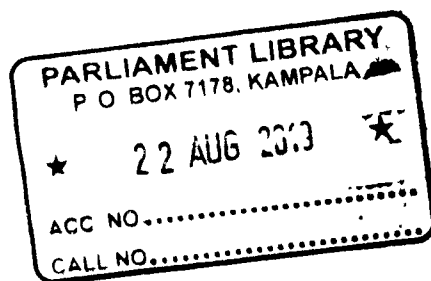
The Part further provides the offences that may be committed for the purposes of obtaining a benefit or a payment from the Scheme for a health care provider or for himself or herself and the offences that may be committed by the employees and the penalties for these.

Part X of the Bill establishes regional health insurance appeals tribunals and provides for their composition, for the tenure of the members and for the appointment of the Registrar and the other staff of the Tribunals. The Part also provides for the complaints to be heard by the Tribunals and the financing of the Tribunals.

Part XI of the Bill has the general provisions including the appointment of authorised officers who are to ensure compliance with the Act by the health care providers, the register of the contributors of the Scheme which is to be kept and maintained by the Scheme and authorises the Minister of health to amend the Schedules and to make Regulations.

The Bill has three Schedules to provide the health care benefits to be provided under the Scheme, the value of a currency point and the regulation of the meetings of the Board, respectively.

HON. DR. ACENG JANE RUTH,
Minister of Health



THE NATIONAL HEALTH INSURANCE BILL, 2019

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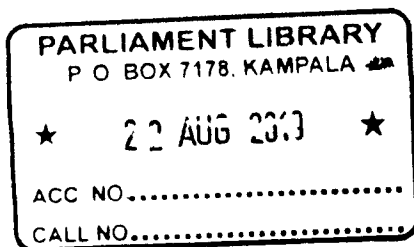
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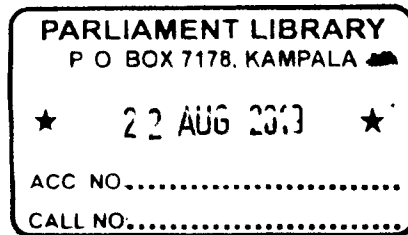
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A Bill for an Act

ENTITLED

THE NATIONAL HEALTH INSURANCE BILL, 2019

An Act to establish the National Health Insurance Scheme and to provide the object and functions of the Scheme; to establish the Board of Directors of the Scheme and the staff of the Scheme; to provide for the contributors of the Scheme and the benefits of the Scheme; to provide for the accreditation and monitoring of health care providers; to provide for the establishment of regional health insurance offices and their functions; to provide for offences and penalties under the Act; to provide for the establishment of regional health insurance appeals tribunals and the composition, functions, powers, staff and finances; to provide for the appointment of authorised officers and for related matters.

BE IT ENACTED by Parliament as follows—

PART I—PRELIMINARY

1. Commencement

This Act shall come into force on a date appointed by the Minister by statutory instrument.

2. Interpretation

In this Act, unless the context otherwise requires—

“accreditation” means the process by which a privately owned health facility, a non governmental health facility and a licensed person is verified and certified as qualified and capable to provide health care under the Scheme;

“benefits” means the health care specified in Schedule 1;

“child” means a child of a contributor who—

- (a) has not attained the age of eighteen years; or
- (b) having attained the age of eighteen years—
 - (i) has no income of his or her own and is living with the contributor;
 - (ii) is a person with a disability who is wholly dependent on and living with the contributor;
 - (iii) is undergoing a full-time course of education or other type of qualification in a trade or profession and is not in receipt of any income other than a scholarship, bursary or other similar grant or award;

“contribution” means the amount paid by and on behalf of a contributor;

“contributor” means a person liable to contribute to the Scheme under section 21;

“corrupt practice” includes the offering, giving, receiving, or soliciting of anything of value to influence the action of a member of the Board or a member of staff of the Scheme in the execution of functions under this Act;

- “currency point” has the value assigned to it in Schedule 2;
- “employer” includes the Government and a local government;
- “fraudulent practice” includes a misrepresentation of facts in order to influence the process of or decision on health care service provision or the execution of a contract made under this Act to the detriment of the Scheme, and includes collusive practices among health care providers aimed at providing health care services contrary to the object of the Scheme;
- “health care provider” means all Government hospitals and health centres and privately owned health facilities and non governmental health facilities which are accredited under this Act;
- “health facility” means a Government hospital, Government health centre, a private hospital, clinic, nursing home, maternity centre, non governmental hospital and non governmental health centre;
- “indigents” means poor orphans and other poor vulnerable children, poor older persons, poor persons with disabilities, poor destitutes and poor refugees who are registered as such under section 26;
- “licensed person” means a person licensed as such under the National Drug Policy and Authority Act;
- “Minister” means the Minister responsible for health;
- “Scheme” means the National Health Insurance Scheme established under section 3.

PART II—ESTABLISHMENT OF THE NATIONAL HEALTH
INSURANCE SCHEME

3. Establishment of the National Health Insurance Scheme

(1) There is established the National Health Insurance Scheme to which shall be paid all contributions and all other payments made in accordance with this Act and out of which there shall be paid all benefits and other payments required by this Act.

(2) The Scheme shall be a body corporate with perpetual succession and a common seal and may for the discharge of its functions under this Act—

- (a) sue and be sued in its name;
- (b) acquire, hold, manage and dispose of movable and immovable property; and
- (c) perform or do all acts and things a body corporate may lawfully do.

4. Object of the Scheme

The object of the Scheme is—

- (a) to develop health insurance as a mechanism for financing health care in Uganda;
- (b) to facilitate the provision of efficient, equitable, accessible, affordable and quality health care to all residents of Uganda; and
- (c) to ensure quality of health care services, equity, appropriate utilisation of services and patient satisfaction in the provision of health care.

5. Functions of the Scheme

The functions of the Scheme are to—

- (a) collect and receive funds and hold, deposit, invest, administer and disburse the funds received, in accordance with this Act;
- (b) accredit, monitor, regulate and contract health care providers;
- (c) determine the payment mechanism to be used to pay health care providers;

- (d) carry out research and provide statistics on matters relating to health insurance and health care needs in Uganda; and
- (e) perform any other function necessary for the implementation of this Act.

6. The seal of the Scheme

(1) The Scheme shall have an official seal which shall be in a form determined by the Board.

(2) The official seal shall, when affixed to any document, be authenticated by the signature of the Chief Executive Officer.

(3) In the absence of the Chairperson, the person performing the functions of the Chairperson shall sign a document of the Scheme.

(4) Every document purporting to be an instrument or contract executed or entered into by or on behalf of the Scheme, in accordance with this section, shall be deemed to be so executed or entered into until the contrary is proved.

7. Directions by Minister

(1) The Minister may, in writing, give policy direction to the Scheme, and the Scheme shall give effect to the directives.

PART III—THE BOARD OF DIRECTORS OF THE SCHEME

8. Board of Directors

(1) The Scheme shall have a Board of Directors, which shall be the governing body of the Scheme and which shall be responsible for the general direction and supervision of the Scheme.

(2) The Board of Directors shall comprise eleven members, as follows—

- (a) the Chairperson, who shall be a person with qualifications relevant to health insurance or business entrepreneurship, at post graduate level with at least ten years working experience;
- (b) the Permanent Secretary of the Ministry responsible for health or his or her representative at the rank of principal officer or a higher rank;
- (c) the Permanent Secretary of the Ministry responsible for finance or his or her representative at the rank of principal officer or a higher rank;
- (d) a medical professional with specialisation in any clinical field with at least ten years working experience in health care services;
- (e) a person who is a proven successful entrepreneur with at least five years experience in managing large scale business enterprises;
- (f) a person with knowledge and at least ten years experience in managing insurance companies;
- (g) a person with the relevant qualifications and at least five years experience in pension fund management or investment;
- (h) an accountant or economist with at least five years experience in the financial management of large scale business enterprises;
- (i) an advocate with at least ten years experience and specialisation in business or corporate law;
- (j) a social worker or social scientist with at least five years experience in community mobilisation, social work or working with community based organizations, specifically in mobilising rural communities; and

- (k) the Chief Executive Officer, who shall be the secretary of the Board.

(3) The Chairperson and the other members of the Board shall be persons of high moral character, with proven integrity and professional competence.

(4) The chairperson and the other members of the Board shall be appointed by the Minister, with the approval of Cabinet.

9. Disqualification for appointment to the Board

A person who—

- (a) is convicted of an offence and sentenced to a term of imprisonment for six months or more by a competent court in Uganda or outside Uganda without the option of a fine; or
- (b) is an undischarged bankrupt, or has made any assignment or arrangement with his or her creditors,

shall not be appointed to the Board.

10. Tenure of office of members of the Board

(1) A member of the Board shall hold office for a term of three years and is eligible for reappointment for one more term.

(2) A member of the Board may, at any time, resign his or her office by writing a letter addressed to the Minister, giving notice of the resignation, of not less than one month.

(3) The members of the Board shall hold office on the terms and conditions specified in their instruments of appointment.

(4) The Minister may, at any time, remove from the Board, a member—

- (a) if information relating to the conduct of the member, which could have precluded his or her appointment if it had been made available to the Minister, is brought to the attention of the Minister;
- (b) for incompetence;
- (c) for misbehaviour or misconduct;
- (d) for failure to disclose, at a Board meeting, a matter in which he or she has an interest;
- (e) for inability to perform the functions of his or her office arising from infirmity of body or mind;
- (f) who is convicted of an offence and is sentenced to a term of imprisonment for six months or more, by a court in Uganda or outside Uganda;
- (g) for bankruptcy or insolvency; or
- (h) for absence, without the prior permission of the Chairperson, or where it is the Chairperson, without reasonable cause to the satisfaction of the Minister, for more than four consecutive meetings of the Board, or absence from Uganda for more than twelve months.

11. Remuneration of members of the Board

The members of the Board shall be paid such remuneration as the Minister in consultation with the Ministers responsible for finance and public service, may determine.

12. Filling of vacancies on the Board

(1) Where a member of the Board resigns, dies, is removed from office, or is for any other reason unable to act as a member of the Board, the Chairperson shall notify the Minister of the vacancy within fourteen days after the occurrence of the vacancy.

(2) Where the member of the Board referred to in subsection (1) is the Chairperson of the Board, the Secretary to the Board shall notify the Minister of the vacancy and the Minister shall appoint another person to the office of Chairperson.

13. Powers of the Board.

(1) In the exercise of the functions of the Scheme, the Board shall have the power to—

- (a) require from a health care provider any information, documents, records or reports, where a breach of contract, wrongdoing, mismanagement or collusion is alleged, reported or proven against the health care provider;
- (b) summon witnesses, call for the production of books of accounts and other documents, and examine witnesses and parties concerned on oath;
- (c) commission or undertake investigations and institute audits in the performance of health care providers;
- (d) cause to be inspected any health care service transaction to ensure compliance with this Act;
- (e) act upon complaints by beneficiaries and health care providers, in respect of any health care service provision; and
- (f) suspend a provider from providing health care services to the members of the Scheme, in accordance with this Act.

(2) For the purpose of conducting inspections and investigations, the Scheme may in writing authorise an officer of the Scheme or an authorised officer appointed under section 56, to enter any premises of a health care provider, at a reasonable time and inspect the premises and to make any inquiries that may be necessary for the collection of information.

(3) Where an officer of the Scheme or an authorised officer is refused entry or is prevented from entering premises, contrary to subsection (2), a magistrate may, on application by the Scheme, issue a warrant authorising the Police to enter the premises, using such force as may be reasonably necessary and to conduct the search and obtain the required information.

14. Meetings of the Board

Schedule 3 has effect in relation to the meetings of the Board and the other matters provided for in that Schedule.

15. Committees of the Board

(1) The Board may appoint committees of the Board to advise the Board on any matter or to perform a function of the Board as the Board may determine.

(2) A committee appointed under this section shall consist of a chairperson who shall be a member of the Board, and two other persons, who may be members of the Board or not, as the Board may determine.

(3) The Board shall, in writing, specify the terms and conditions of service of the members of a committee.

(4) The members of a committee appointed under this section shall be paid such allowances as the Board may determine.

(5) The Board may require a committee appointed under this section to act jointly or in co-operation with any other committee.

(6) Subject to any direction given by the Board, a committee appointed under this section may regulate its own procedure.

PART IV—STAFF OF THE SCHEME

16. Secretariat

(1) The Scheme shall have a Secretariat which shall be responsible for the day to day operations of the Scheme.

(2) The Secretariat shall in the performance of its functions be answerable to the Board.

17. Chief Executive Officer

(1) The Secretariat shall be headed by a Chief Executive Officer who shall be appointed by the Minister in consultation with the Board, on terms and conditions specified in his or her instrument of appointment.

(2) The Chief Executive Officer shall be the accounting officer of the Scheme.

(3) The person appointed Chief Executive Officer shall have the necessary training and experience in health insurance, health financing, institutional management or health care services provision and shall be a person of high moral character and proven integrity.

18. Functions of Chief Executive Officer

(1) Subject to this Act and to the general supervision and control of the Board, the Chief Executive Officer shall be responsible for—

- (a) the implementation of the policies and programmes agreed upon by the Scheme;
- (b) the management of the funds, property and business of the Secretariat;
- (c) the day to day management of the Secretariat and the administration, organisation and control the officers and staff of the Scheme; and
- (d) perform any other duty necessary for the implementation of this Act, as may be assigned to him or her by the Board.

(2) The Chief Executive Officer is, in the performance of his or her functions, answerable to the Board.

19. Tenure of office of Chief Executive Officer

(1) The Chief Executive Officer shall hold office for a term of four years and is eligible for re-appointment for one more term.

(2) The Chief Executive Officer shall cease to hold office where—

- (a) he or she resigns;
- (b) he or she is declared or becomes bankrupt or insolvent or has made an arrangement with his or her creditors; or
- (c) he or she is convicted of an offence and sentenced to a term of imprisonment for six months or more by a competent court in Uganda or outside Uganda without the option of a fine.

(3) The Chief Executive Officer may be removed from office for—

- (a) inability to perform the functions of his or her office arising from infirmity of body or mind;
- (b) misbehaviour or misconduct; or
- (c) incompetence.

20. Other officers and staff of the Scheme

(1) There shall be other officers and staff of the Scheme as may be necessary for the effective performance of the functions of the Scheme.

(2) The officers and staff shall be appointed by the Board on such terms and conditions as the Board may determine and specify in their instruments of appointment.

PART V – CONTRIBUTIONS AND BENEFITS

21. Contributions to the Fund

(1) Subject to this Act, any person who has attained the age of 18 years and who is ordinarily resident in Uganda shall be liable as a contributor to the Fund in accordance with this section.

(2) A person liable as a contributor under this section shall pay to the Board—

- (a) in the case of a person whose income is derived from salaried employment, a deduction from the wage or salary by the employer and a contribution by the employer; and
- (b) in the case of a person whose income is derived from self employment, an annual contribution, in the manner prescribed under this section.

(3) A contribution under this section shall be at such rate, depending on the total income of the person liable to make a contribution, as the Board, in consultation with the Minister and the Minister responsible for Finance, may determine.

(4) In this section, “income” means income the Board, in consultation with the Minister and the Minister responsible for Finance may prescribe for the purposes of this Act.

22. Contributions by salaried employees

(1) The contribution of a salaried employee shall be made by a monthly deduction from the salary or wages of the contributor by the employer of such person and shall be paid to the Scheme on behalf of and to the exclusion of that person.

(2) An employer who—

- (a) fails without lawful excuse to pay, within the time and in the manner prescribed by this Act in relation to a salaried employee the contribution which the employer is liable to pay under this Act; or
- (b) knowingly makes any deductions from the salary or wages of a salaried employee, purporting to be a deduction in respect of a contribution, but which is not authorised to make by this Act,

commits an offence and is liable on conviction to a fine not exceeding fifty currency points.

23. Penalty for late payment of contributions of salaried employees

(1) Subject to this section and without prejudice to any other penalty imposed under this Act, where any contribution which an employer is liable to pay under this Act in respect of a salaried employee for any month, is not paid on or before the day on which payment is due, a penalty equal to two times the amount of the contribution, shall be payable by that employer for each month or the part of the month during which the contribution remains unpaid, and the penalty shall be recoverable as a sum due to the Fund, and when recovered, shall be paid into the Fund.

(2) Where an employer fails to pay a contribution in respect of a salaried employee, the salaried employee shall not be liable to the penalty under subsection (1).

24. Contribution by self employed person

(1) A self employed person shall pay to the Board, the contribution due for each year, on the day, in the manner and at the rate, as may be prescribed.

(2) Where a self employed person does not pay on or before the day on which the payment is due, the self employed person shall pay a penalty equal to five times the amount of the contribution, for each

month or the part of the month during which the contribution remains unpaid, and the penalty shall be recoverable as a sum due to the Fund and when recovered shall be paid into the Fund.

25. Identification card

(1) Every contributor shall upon payment of the prescribed contribution, be issued with an identification card, for purposes of identification and verification and accessing the health care benefits under the Scheme.

(2) The identification card shall be in the prescribed form and shall be valid for the prescribed period from the date of issue and shall only be renewed upon payment of the prescribed contribution.

(3) A contributor shall not access benefits under this Act without an identification card issued under this section.

26. Benefits under the Scheme

(1) Every contributor and a spouse and child of a contributor are entitled to all the health care benefits specified in Schedule 1.

(2) For the avoidance of doubt, the benefits granted under this Act—

- (a) do not include treatment or the supply of medicine where the health care provider did not diagnose the illness or injury or prescribe the medicine;
- (b) do not include claims, for compensation or treatment, for injuries or illness arising from occupational hazards or accidents covered under—
 - (i) the Motor Vehicle Insurance (Third Party Risks) Act;
 - (ii) the Worker's Compensation Act; and
 - (iii) any other laws providing benefits similar to the benefits specified in this paragraph; and

- (d) shall not exceed the amount prescribed by regulations made under this Act.

(4) Where the cost of health care offered to a contributor, spouse or child exceeds the amount prescribed, the extra cost shall be the responsibility of the patient to whom health care services are offered.

(5) The Scheme shall, as may be prescribed by regulations made under this Act, determine and register persons who qualify as indigents and notwithstanding anything in this Act, a person registered as an indigent shall have access to the benefits specified in Schedule 1 of this Act.

27. Payments for benefits

(1) The Board shall make payment from the Scheme, to an accredited health care provider, for the expenses incurred by the health care provider, in the provision of health care services to a contributor, a spouse and child of the contributor of the Scheme.

(2) The payments payable shall be limited to expenses incurred in respect of the benefits specified in Schedule 1 of this Act.

(3) The Board may refuse to make a payment to a health care provider where—

- (a) the Board is satisfied that the request for payment is based on false or incorrect information; or
- (b) the health care provider fails without justifiable cause to comply with the requirements of this Act or regulations made under this Act.

(4) An accredited health care provider shall be paid within sixty days of submitting a request for payment to the Scheme.

PART VI—FINANCIAL PROVISIONS

28. Reserves and investments

(1) The revenue of the Scheme that is not required to be applied in a financial year shall be set aside in a reserve fund.

(2) The total amount of revenue in the reserve fund shall not exceed the amount actuarially estimated for the projected expenditure of the Scheme for a period of three years.

(3) Where the revenue in the reserve fund exceed the amount specified under subsection (2), the Minister on recommendation of the Board shall prescribe that the benefits provided by the Scheme be increased.

(4) The revenue in the reserve fund shall be invested in any investment approved by the Minister responsible for Finance.

(5) The investment made under this section shall be held in the name of the Board.

29. Advance to a health care provider

(1) The Board may, where it is satisfied that a health care provider located in an underserved area, is financially viable, advance money to the health care service provider, for the improvement of the health care facilities and services of the health care provider.

(2) The Minister may by regulations prescribe the underserved areas.

30. Annual estimates

(1) At least four months before the commencement of each financial year, the Chief Executive Officer shall cause to be prepared estimates of the revenue and expenditure of the Scheme for that year.

(2) The annual estimates shall make provisions for all the estimated expenditure of the Scheme for the financial year, and in particular shall provide for—

- (a) the expenses of administering the Scheme including, the salaries, allowances and other charges in respect of the members of the Board and the staff of the Scheme and the other recurrent expenses of the Board; and
- (b) the payments to be made to the health care providers for the expenses to be incurred by the contributors and their spouses and children.

(3) The annual estimates shall be submitted for approval by the Board before the commencement of the financial year to which they relate and the sum provided in the estimates shall not be increased without the prior consent of the Board.

(4) No expenditure shall be incurred for the purposes of the Scheme except in accordance with the annual estimates approved under subsection (3) or with the authorisation of the Board.

31. Expenses of administering the Scheme

The expenses of administering the Scheme specified in section 30 (2) (a) shall be paid from the funds of the Scheme in such manner as the Board, in consultation with the Minister may determine.

32. Exemption from taxes

The Scheme shall be exempt from the payment of taxes, on the contributions made to the Scheme.

33. Powers to borrow

The Board may, for the purposes of the functions of the Scheme, with the prior approval of the Minister and the Minister responsible for Finance, borrow money, in form of loans or overdrafts, and upon such terms and conditions as the Board may consider appropriate.

34. Accounts

(1) The Chief Executive Officer shall cause to be kept in accordance with accepted accounting principles, proper books of accounts and the records of the transactions of the Scheme.

(2) Subject to any direction given by the Board, the Chief Executive Officer shall cause to be prepared and submitted to the Minister and the Auditor General in respect of each financial year, and not later than three months after the end of the financial year, the annual statements of account of the Scheme for the preceding financial year.

35. Audit

(1) The Auditor General or an auditor appointed by the Auditor General shall, for each financial year, audit the accounts of the Scheme, in accordance with the National Audit Act.

(2) The Board shall ensure that, three months after the end of each financial year, the annual statements of account of the Scheme for the preceding financial year, are submitted, for auditing, to the Auditor General or to an auditor appointed by the Auditor General.

36. Annual report and actuarial valuation report

(1) The Board shall within three months after the end of each financial year, submit to the Minister a report on the activities of the Scheme in respect of the financial year, containing such information as the Minister may require.

(2) The Minister shall lay the annual report of the Scheme together with the audited accounts of the Scheme before Parliament.

(3) The Minister shall every three years, present to Parliament, the actuarial valuation of the Scheme.

PART VII—HEALTH CARE PROVIDERS

37. Health care providers

(1) All Government hospitals and health centres shall be health care providers under this Act.

(2) A privately owned health facility and a non governmental health facility may be a health care provider.

(3) The Board shall prescribe the level of care to be provided by the hospitals, health centres and health facility.

(4) The Scheme shall enter into a contract with a health care provider which shall have terms on the pricing, payment mechanisms, design and implementation of the administrative and operating systems and procedures, financing and the delivery of health care services by the health care provider.

Accreditation

38. Accreditation of health care providers

(1) A health facility and a licensed person that seeks to provide health care services under this Act shall be accredited by the Scheme.

(2) A privately owned health facility, a non governmental health facility and a licensed person to be accredited as a health care provider under subsection (1) shall be regulated as required under the Medical and Dental Practitioners Act, the National Drug Policy and Authority Act and the Pharmacy and Drugs Act, respectively.

(3) The Board shall, at least once every year, publish a list of all the accredited health care providers, in at least three daily newspapers with wide circulation in Uganda.

(4) The Board shall issue, in the prescribed form, a certificate to a health care provider who is accredited to the Scheme and the certificate shall be displayed in a conspicuous place at the premises of the health care provider.

(5) The Board shall suspend the contract of an accredited health care provider who fails to meet the requirements of this Act.

(6) Where a contract of an accredited health care provider is suspended, the Board shall by notice in at least two daily newspapers of wide circulation, notify the beneficiaries and the public of the suspension.

39. Accreditation committee

(1) There shall be a committee of the Board to be known as the accreditation committee, to accredit the health care providers of the Scheme.

(2) The members of the accreditation committee shall be appointed by the Board and shall include—

- (a) two members of the Board one of whom shall be the chairperson of the committee;
- (b) three other members who shall include an expert in health insurance, a specialist in health services administration, an expert in health systems management and a representative of the professional health councils and boards.

(3) A person appointed under subsection (2) (b) shall have experience of ten years, in the relevant field.

(4) A member of the accreditation committee shall hold office for three years and may be reappointed for one further term.

(5) The criteria and requirements for accreditation shall be prescribed by regulations made under this Act.

Monitoring health care providers

40. Quality assurance

(1) A health care service provider shall have in place programmes that secure quality assurance and monitor the utilisation of the health care services by the contributors of the Scheme.

(2) For the purposes of subsection (1), the Board shall using regulations made under this Act determine that—

- (a) the quality of health care delivered by a health care provider, measured in terms of inputs, processes and outcomes, is reasonable;

- (b) the performance of medical procedures and the administration of medicines is appropriate, necessary and consistent with acceptable standards of medical practice and ethics; and
- (c) the medicines prescribed by a health care provider are approved under the National Drug Policy and Authority Act.

41. Safeguards against over and under utilization of health care

(1) The Board shall monitor the utilization of health care services under the Scheme to ensure that there is no over utilization or under utilization of health care services under the Scheme.

(2) The Board may at any time inspect the premises of a health care provider, to monitor compliance with this Act and compliance with the contract, where the health care provider is accredited.

(3) For the purposes of this section, the Minister shall make regulations for regulating—

- (a) diagnostic and therapeutic procedures and interventions;
- (b) medication and prescriptions;
- (c) admissions;
- (d) utilization of health care services; and
- (e) referral practices.

PART VIII—REGIONAL HEALTH INSURANCE OFFICES**42. Establishment of regional health insurance offices**

(1) The Board shall, as may be necessary, establish regional health insurance offices to be in charge of national health insurance within the respective regions.

(2) The Board shall determine the officers and employees to be employed at the regional offices, for the proper and efficient discharge of the functions of these offices.

(3) A regional health insurance office shall—

- (a) receive the contributions specified in Part V of this Act; and
- (b) perform the functions of the Scheme with respect to the specific region, as may be assigned by the Board.

PART IX—OFFENCES AND PENALTIES

43. Suspension of health care providers.

The Scheme may, after investigations on its own initiative, suspend an accredited health care provider from providing health care services under the Scheme, where—

- (a) the accredited health care provider breaches the contract entered into with the Scheme;
- (b) after investigations by a relevant Government body, the accredited health care provider is found to have a record of unsatisfactory performance;
- (c) the accredited health care provider is convicted of a corrupt practice or a fraudulent practice under this Act or any other law;
- (d) the accredited health care provider fails to substantially perform the obligations specified in the contract;
- (e) the staff of the accredited health care provider is suspended by the Medical and Dental Practitioners' Council, for professional misconduct; or
- (f) the accredited health care provider is in contravention of this Act.

44. Offences and penalties.

(1) A person who, for the purposes of obtaining a benefit or a payment from the Scheme for a health care provider or for himself or herself or for another person –

- (a) knowingly makes a false statement or representation; or
- (b) produces, furnishes or utters, or causes to be produced, furnished or uttered, any document or information which he or she knows to be false in any material particular,

commits an offence and is liable on conviction to a fine not exceeding two hundred currency points or imprisonment not exceeding two years or both.

(2) An employee of the Scheme who—

- (a) receives or keeps funds or property which belongs to, is payable to or is deliverable to, the Scheme;
- (b) takes, misappropriates or consents to take or to misappropriate the funds or property of the Scheme; or
- (c) through abandonment or neglect permits any other person to take property or funds of the Scheme,

commits an offence and is liable on conviction to a fine not exceeding two hundred currency points or imprisonment not exceeding two years or both.

(3) A person who—

- (a) without reasonable excuse fails or refuses to give information, or produce any document, records or reports required under this Act;
- (b) without reasonable excuse refuses to answer summons, to produce any books of accounts, or to give evidence as required under this Act;
- (c) contrary to this Act, interferes with or exerts undue influence on any officer of the Scheme or an authorised officer, in the performance of his or her functions or in the exercise of his or her power under this Act;

(d) connives or colludes to commit a corrupt practice or a fraudulent practice,
commits an offence and is on conviction liable to a fine of not exceeding two hundred and fifty currency points or to a term of imprisonment not exceeding three years or both.

(4) A member of the Board or an employee of the Scheme who—

- (a) connives or colludes with a health care provider to commit a corrupt practice or a fraudulent practice in the provision of health care services;
- (b) engages in a corrupt practice or a fraudulent practice in relation to the provision of health care services,

commits an offence and is liable on conviction to a fine not exceeding two hundred and fifty currency points or to imprisonment not exceeding five years, or both.

(5) Where it is determined after a special audit or by a court that an accredited health care provider engaged in a corrupt practice or a fraudulent practice in the provision of health care services, the Scheme shall suspend the health care provider from the Scheme.

(6) Where the person who commits an offence under this Act is a member of the management of a health care provider, the Board shall suspend the accreditation of the health care provider.

(7) Where an offence under this Act is proved to have been committed with the consent or connivance of, or to be attributable to any negligence on the part of, a director, manager, secretary or other officer of an accredited health care provider, the director, manager, secretary or other officer as well as the accredited health care provider shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

PART X—REGIONAL HEALTH INSURANCE APPEALS TRIBUNALS

*Establishment of Regional Health Insurance
Appeals Tribunals*

45. Regional health insurance appeals tribunals

(1) There shall be established for a specified region, as may be required, a regional health insurance appeals tribunal to hear complaints of contributors and health service providers.

(2) A contributor may lodge a complaint, in the prescribed form, to a regional appeals tribunal, regarding—

- (a) violation of the rights of the contributor;
- (b) wilful neglect of duties by an officer of the Scheme which results in loss to the contributor; or
- (c) any other reason that tends to undermine, delay or defeat the objectives of functions of the Scheme.

(3) A health care provider may lodge a complaint, in the prescribed form, to a regional appeals tribunal, regarding—

- (a) unreasonable delay in the processing and payment of claims to the health care provider; or
- (b) any other reason that tends to undermine, delay or defeat the objectives of the Scheme.

46. Composition of regional appeals tribunals

(1) A regional appeals tribunal shall consist of a chairman and four other members appointed in accordance with this Part.

(2) A person to be appointed chairperson of a regional appeals tribunal shall be a person qualified to be a judge of the High Court.

(3) The chairperson of a regional appeals tribunal shall be responsible for ensuring the orderly and expeditious discharge of the business of the regional appeals tribunal.

(4) A person to be appointed a member of a regional appeals tribunal shall be a person with knowledge and experience in medicine, pharmacy or social health insurance.

(5) A person does not qualify for appointment as a member of a regional appeals tribunal unless the person—

- (a) is of high moral character and proven integrity;
- (b) has not been convicted of an offence of moral integrity;
- (c) is of sound mind; and
- (d) has not been declared bankrupt.

(6) A chairperson of a regional appeals tribunal shall be appointed by the Minister, in consultation with the Judicial Service Commission.

(7) The members of the regional appeals tribunals shall not be public officers.

(8) The members of the regional appeals tribunal shall hold office on such terms and conditions as the Minister may in consultation with the Ministry responsible for public service prescribe, including terms and conditions relating to remuneration and allowances.

47. Tenure of office of members of regional appeals tribunals

(1) A member of a regional appeals tribunal shall hold office for three years and is eligible for re-appointment for one further term.

(2) A member of a regional appeals tribunal may be removed from office by the Minister for—

- (a) inability to perform the functions of his or her office arising from infirmity of body or mind;
- (b) misbehaviour or misconduct;
- (c) incompetence;

- (d) failure to attend at least three consecutive sittings of a regional appeals tribunal without reasonable grounds;
- (e) corruption;
- (f) conviction of an offence involving moral turpitude; or
- (g) being adjudged bankrupt by a court of law.

(4) Any member of a regional appeals tribunal may resign his or her office upon giving a notice of one month, in writing to the Minister.

48. Registrars and other staff of regional appeals tribunals

(1) A regional appeals tribunal shall have a registrar who shall be a person qualified to be a registrar of the High Court.

(2) The registrar shall be in charge of the registry of the regional appeals tribunal and shall be responsible for keeping records and the seal, conducting correspondence and performing such other functions necessary for the purposes of assisting the chairperson under section 46 (3).

(3) The registrar of a regional appeals tribunal shall be appointed by the Minister, in consultation with the Judicial Service Commission.

(4) A regional appeals tribunal shall have other officers, as may be necessary for the effective performance of the functions of the regional appeals tribunal, appointed under the Public Service Act.

49. Official seal

(1) The regional appeals tribunals shall have a seal which shall be judicially noticed.

(2) The seal of the regional appeals tribunal shall be affixed by or with the authority of a regional appeals tribunal, to such documents as are required by the direction of the chairperson to be sealed with the seal of the regional appeals tribunals.

50. Regional appeals tribunals to hear complaints of contributors and health service providers

(1) A contributor or a health care provider who is aggrieved or whose rights are adversely affected may, in the prescribed manner, file a complaint with a regional appeals tribunal.

(2) In hearing a complaint a regional appeals tribunal may—

- (a) suspend any action by a health care provider of the Scheme until the regional appeals tribunal makes a decision on the matter;
- (b) direct a health care provider or the Scheme on anything to be done or redone with respect to the matter which is before the regional appeals tribunal;
- (c) suspend, or restore the accreditation of a health care provider or the right to benefits of a contributor, as the case may be; or
- (d) require the payment of compensation for any costs, reasonably incurred by a contributor or a health care provider, as a result of an unlawful act or decision of a health care provider or the Scheme, as the case may be.

(3) A regional appeals tribunal shall issue a decision within a period of not more than twenty working days after receiving the complaint.

51. Powers of regional appeals tribunals.

(1) In performing its functions, a regional appeals tribunal shall have power to—

- (a) take evidence on oath;
- (b) proceed in the absence of a party who has had reasonable notice of the proceedings;
- (c) adjourn the hearing of the proceedings;

- (d) make an order as to costs against any party, which shall be enforceable like an order of the High Court; and
- (e) request to examine a witness who is outside Uganda.

(2) For the purpose of the hearing of proceedings before a regional appeals tribunal, a regional appeals tribunal shall have powers of the High Court to summon a person to appear before it—

- (a) to give evidence; or
- (b) to produce books, documents or things mentioned in the summons, that are in the possession, custody or control of the person named in the summons.

(3) Where a regional appeals tribunal considers it desirable for the purposes of avoiding expenses or delay, or for any other special reason, it may receive evidence by affidavit and administer interrogations and require the persons to whom interrogations are administered to make a full and true reply to the interrogations.

52. Appeals to the High Court from decisions of regional appeals tribunals.

A party to proceedings before a regional appeals tribunal who is aggrieved by the decision of the regional appeals tribunal, may, within thirty days after being notified of the decision of the regional appeals tribunal or within such further time as the High Court may allow, lodge a notice of appeal with the registrar of the High Court.

Finances of Regional Health Insurance Appeals Tribunals

53. Funds of regional appeals tribunals

(1) The funds of a regional appeals tribunal shall consist of—

- (a) monies appropriated by Parliament for the functions of the

regional appeals tribunal; and

- (b) any other money as may with the approval of the Minister and the Minister responsible for Finance, be received by or made available to a regional appeals tribunal for the purpose of performing its functions.

(2) The funds of a regional appeals tribunal shall be administered and controlled by the registrar of the regional appeals tribunal.

54. Annual report

The Regional appeals tribunal shall within three months after the end of each financial year, submit to the Minister a report on the activities of the Regional appeals tribunal in respect of the financial year, containing such information as the Minister may require.

55. Regulations under this Part

(1) The Minister may, on the recommendation of the regional appeals tribunals, issue regulations for the better carrying out the provisions of this Part.

(2) Without prejudice to the general effect of subsection (1), regulations made under this section may—

- (a) prescribe the constitution and procedure of the regional appeals tribunals; and
- (b) prescribe offences and penalties for—
 - (i) failure to comply with summons;
 - (ii) failure to answer questions;
 - (iii) giving false or misleading evidence;
 - (iv) contempt of the regional appeals tribunals; and
 - (v) any other action for which an offence and penalty make be created.

PART XI—GENERAL PROVISIONS**56. *Authorised officers***

(1) For the purposes of ensuring compliance with this Act, the Board may appoint authorised officers.

(2) The Scheme shall publish the names of the persons who are appointed authorised officers under this section.

(3) An authorised officer shall, for the purposes of ensuring compliance with this Act by a health care provider, in any place or premises liable to inspection under this section, have power to enter upon the place or premises at all reasonable times, and to question any person whom the authorised officer finds on the place or premises, as may be prescribed.

(4) An authorised officer shall produce on demand, a duly authenticated document showing that he or she is an authorised officer, entitled to exercise the powers of an authorised officer specified in this section.

(5) A person who—

(a) wilfully delays or obstructs an authorised officer in the exercise of powers under this section; or

(b) refuses or neglects to answer questions or to furnish any information, or to produce any document when required to do so under this section,

commits an offence and is liable on conviction to a fine not exceeding one hundred fifty currency points or to a term of imprisonment not exceeding twelve months, or both.

(6) Where a person who commits an offence under subsection (5) is convicted for making false claims or for receiving illegal benefits, the person shall be required to make good any monies falsely received.

(7) An authorised officer who without any lawful excuse, gives false information in respect of the existence or non existence of any fact in the place or premises inspected under this section commits an offence and is liable on conviction to a term of imprisonment not exceeding twelve months or a fine not exceeding one hundred fifty currency points, or both.

(8) In this section “a place or premises liable to inspection under this section” means—

- (a) in case of establishing whether the concerned employees have made contributions to the Scheme, any place or premises where an authorised officer has reasonable grounds to believe that any persons are employed; and
- (b) a health facility occupied by a health service provider.

57. Registers

(1) The Scheme shall cause to be kept, a register containing the names of all the contributors and there shall be entered in that register the particulars stated on every card issued to a contributor and the particulars of the contributions to the Scheme made by the contributor or on behalf of the contributor.

(2) The Scheme shall maintain a register of the health care providers who are accredited under this Act.

58. Power of the Minister to amend Schedules

(1) The Minister may with the approval of Cabinet, by statutory instrument amend Schedule 1 and Schedule 2 to this Act.

(2) The Minister may by statutory instrument amend Schedule 3 to this Act.

59. Regulations

(1) The Minister may by statutory instrument make regulations for the better carrying into effect of the provisions of this Act.

(2) Without prejudice to subsection (1) the Minister may make regulations—

- (a) prescribing anything required to be prescribed under this Act; and
- (b) prescribing the fees to be paid for anything to be done under this Act.

(3) Regulations made under this section may prescribe penalties not exceeding twenty four currency points or imprisonment not exceeding one year for offences under the regulations.

SCHEDULES

SCHEDULE 1

Sections 2 and 26

HEALTH CARE BENEFITS TO BE PROVIDED UNDER THE SCHEME

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
Preventive services	1. Health promotion and education services to raise health literacy levels and public awareness of personal and community responsibility for better health.	√	√	√	√
	2. Community education on early detection and prevention of communicable diseases and non-communicable diseases.	√	√	√	√
	3. Advocacy for identified health issues.	√	√	√	√
	4. Provision of Information Education and Communication materials on identified health issues	√	√	√	√
Outpatient services	1. Consultation	√	√	√	√
	2. Counselling	√	√	√	√
	3. Diagnosis and treatment of common ailments including communicable and non-communicable diseases.	√	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	4. HIV/AIDS symptomatic treatment for opportunistic infections	√	√	√	√
	5. Investigations including laboratory investigations, X-rays, ultrasound scans	√	√	√	√
	6. Outpatient and day surgical operations	√	√	√	√
	7. Outpatient physiotherapy	√	√	√	√
	8. Emergency care	√	√	√	√
	(a) First aid	√	√	√	√
	(b) Resuscitation	√	√	√	√
	(c) Critical care	X	X	√	√
	(d) Referral to higher level of care	√	√	√	√
	(e) Medication as prescribed by the Essential Medicines List and the Clinical Guidelines	√	√	√	√
Reproductive maternal, neonatal, child and adolescent health care services	1. Antenatal care	√	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	2. Delivery (normal and assisted)	√	√	√	√
	3. Delivery (caesarean section)		√	√	√
	4. Newborn care	√	√	√	√
	5. Postnatal care	√	√	√	√
	6. Post abortion care	√	√	√	√
	7. Child health services	√	√	√	√
	8. Adolescent reproductive health services	√	√	√	√
	9. Nutrition services	√	√	√	√
	10. Family planning procedures				
	(a) Counseling client for family planning	√	√	√	√
	(b) Papanicolaou smear	X	√	√	√
	(c) Hormonal contraceptives				
	(i) Oral	√	√	√	√
	(ii) Injectable				
	(d) IUCD insertion and removal	X	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(e) Barrier method (condom and diaphragm)	√	√	√	√
	(f) Natural family planning counselling	√	√	√	√
	(g) Surgical contraception (implant insertion and removal)	X	√	√	√
Oral (dental) care services	1. Pain relief	√	√	√	√
	2. Incision and drainage	X	√	√	√
	3. Tooth extraction	X	√	√	√
	4. Dental restoration including simple amalgam fillings and temporary dressing	X	X	√	√
	5. Diagnosis and treatment of other oral diseases	√	√	√	√
	6. Referral to higher level of care	√	√	√	√
	7. Medication as per the Ministry of Health Essential Medicines List and Uganda Clinical Guidelines	√	√	√	√
Eye care	1. Refraction	X	X	√	√
	2. Visual fields	X	X	√	√
	3. Scan	X	X	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	4. Keratometry	X	X	√	√
	5. Cataract surgery (removal and insertion)	X	X	√	√
	6. Eye lid surgery	X	√	√	√
	7. Referral to higher level of care	√	√	√	√
	8. Medication as prescribed by the Essential Medicines List and the Clinical Guidelines	√	√	√	√
Mental health	1. Detection and diagnosis for mental and neurological conditions	√	√	√	√
	2. Treatment	√	√	√	√
	3. Medication as prescribed by the Essential Medicines List and the Clinical Guidelines	√	√	√	√
	4. Referral to higher level of care	√	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
Radiological investigations	1. Plain radiographs (x-rays) (a) Hand and fingers – AP/LAT (b) Wrist joint - AP/LAT (c) Forearm - AP/LAT (d) Chest - PA (e) Chest – PA & LAT (f) Clavicle – PA/AXIAL (g) Scapula – AP/LAT (h) Sterno-cavicular (i) Foot and toes – AP/LAT (j) Ankle joint – AP/LAT (k) Leg – AP/LAT (l) Knee joint – AP/LAT (m) Skull – AP/LAT (n) Plain abdominal x-ray (o) Facial bones – A.P.&LAT (p) Orbits – O.M.& LAT (q) Mandible – A.P & Obliqs (r) Dental (I.O.P.A) (s) Dental (OCLUSSAL) (t) Bite wings	X	X	√	√
	2. Barium swallow	X	X	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
Imaging services	1. Echocardiography	X	X	√	√
	2. Ultrasound for obstetric and abdominal investigations	X	√	√	√
	3. Mammography	X	X	X	√
Inpatient	1. Admissions in private and general wards (hospital bed and meals)	√	√	√	√
	2. Inpatient treatment of different diseases	√	√	√	√
	3. Regular nursing care	√	√	√	√
	(a) Drug and vaccine administration	√	√	√	√
	(b) Observation of vital signs	√	√	√	√
	(i) Temperature	√	√	√	√
	(ii) Pulse	√	√	√	√
	(iii) Blood pressure	√	√	√	√
	(iv) Respirations	√	√	√	√
	(v) Tepid sponging	√	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(vi) Personal hygiene care	√	√	√	√
	4. Bed bath	√	√	√	√
	5. Skin care	√	√	√	√
	(a) Treatment of pressure areas	√	√	√	√
	(b) Specimen collection	√	√	√	√
	(i) Blood	√	√	√	√
	(ii) Sputum swabs (cervix, throat, pus)	√	√	√	√
	(iii) Stool	√	√	√	√
	(iv) Urine	√	√	√	√
	(v) Pap smear fixation	X	X	√	√
	6. Suction	√	√	√	√
	7. Oxygen administration	X	√	√	√
	(a) Intravenous infusion care	√	√	√	√
	(b) Disinfection and sterilization	√	√	√	√
	8. Specific nursing procedures	√	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(a) Ear syringing	√	√	√	√
	(b) Giving enema	X	X	√	√
	(c) Giving suppository	X	√	√	√
	(d) Eye swabbing and irrigation	√	√	√	√
	(e) Surgical dressing	√	√	√	√
	(i) Small wound	√	√	√	√
	(ii) Medium wound	X	√	√	√
	(f) Removal of urinary catheter	X	√	√	√
	(g) Wash out and lavage (stomach)	X	√	√	√
	(h) Suturing	√	√	√	√
	(i) Small	√	√	√	√
	(ii) Medium	√	√	√	√
	(i) Removal of suturing	√	√	√	√
	(j) Vulval toilet	X	√	√	√
	(k) Last offices	X	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(l) Referral to higher level	√	√	√	√
	(m) Emergency care	√	√	√	√
	(i) Resuscitation	√	√	√	√
	(ii) Critical care	X	X	√	√
	(n) Ambulance services for referral purposes	X	X	√	√
	(o) Medication as prescribed by the Essential Medicines List and the Clinical Guidelines	√	√	√	√
Surgical services	1. General Surgery				
	(a) Minor Surgery				
	(i) Incision and drainage	√	√	√	√
	(ii) Suturing of cut wounds	√	√	√	√
	(iii) Surgical toilet and suture	√	√	√	√
	(iv) Circumcision	X	√	√	√
	(v) Excision of lipoma	X	√	√	√
	(vi) Excision of ganglion	X	√	√	√
	(vii) Excision of Sebaceous cyst	X	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(viii) Lymph node biopsy	X	√	√	√
	(b) Intermediate surgery				
	(i) Foreign Body excision	√	√	√	√
	(ii) In-growing toe nail excision	X	√	√	√
	(iii) Debridement	X	√	√	√
	(c) Major surgery				
	(i) Amputation	X	X	√	√
	(ii) Appendicectomy	X	X	√	√
	(iii) Archidectomy	X	X	√	√
	(iv) Laparatomy	X	X	√	√
	(v) Herniorraphy	X	√	√	√
	(vi) Hydrocelectomy	X	X	√	√
	(vii) Cholecystectomy	X	X	√	√
	(viii) Haemorrhoidectomy	X	X	√	√
	(ix) Reduction of rectal prolapses	X	X	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(x) Sigmoidectomy	X	X	√	√
	(xi) Mastectomy	X	X	√	√
	(xii) Cysto-ophrectomy	X	X	√	√
	(xiii) Disarticulation	X	X	√	√
	(xiv) Fistula and rectal repair	X	X	√	√
	(xv) Anal dilatation	X	X	√	√
	(xvi) Urinary retention surgery				
	(xvii) Thyroidectomy				
	2. Obstetrics and Gynaecology				
	(a) Minor surgery				
	(i) Incision and drainage of cyst and abscess	√	√	√	√
	(ii) Norplant insertion and removal	X	√	√	√
	(iii) Pap smear	X	√	√	√
	(b) Intermediate				
	(i) Cervical tear repair	X	√	√	√
	(ii) Evacuation of placenta	√	√	√	√
	(iii) Tubal ligation and vasectomy	X	√	√	√
	(c) Major surgery				

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(i) Delivery by caesarean section	X	√	√	√
	(ii) Ectopic pregnancy rupture	X	√	√	√
	(iii) Salphingectomy	X	√	√	√
	(iv) Removal of uterine fibroids	X	X	√	√
	(v) Hysterectomy	X	X	√	√
	3. E.N.T – surgery				
	(a) Intermediate surgery				
	(i) Emergency tracheostomy	X	X	√	√
	(ii) Suturing of wounds (facial)	√	√	√	√
	4. Oral and maxillofacial surgery				
	(a) Minor procedures				
	(i) Drainage/excision facial sebaceous cyst	X	√	√	√
	(ii) Minor facial soft tissue repair	√	√	√	√
	(iii) Incision/excision biopsy minor oral/facial lesion	√	√	√	√
	(iv) Labial / lingual / fraenoplasty / fraenectomy	√	√	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(v) Removal of IMF	X	X	√	√
	5. Orthopaedic Surgery				
	(a) Minor surgery				
	(i) Skin traction	X	X	√	√
	(ii) Joint aspiration	X	X	√	√
	(iii) POP applications	X	X	√	√
	(b) Intermediate Surgery				
	(i) Incision and drainage of pyomyositis	√	√	√	√
	(ii) Surgical toilet and debridement	X	√	√	√
	(iii) Hip spica application	X	X	√	√
	(iv) Manipulation under general anaesthesia and POP application	X	X	√	√
	6. Neurosurgery				
	(a) Minor surgery				
	(i) Suture of scalp wounds (general anaesthesia and local anaesthesia)	√	√	√	√
	7. Cardiothoracic surgery				

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(a) Minor surgery				
	(i) Thoracocentesis	X	X	√	√
	8. Paediatric surgery				
	(a) Minor surgery				
	(i) Release of tongue tie	√	√	√	√
	9. Endoscopy				
	(a) Minor surgery				
	(i) Proctoscopy	X	X	√	√
	(ii) Rectal snip	X	X	√	√
	10. Urology				
	(a) Minor Surgery				
	(i) Supra pubic cystostomy	X	X	√	√
	11. Orthopedics				
	(a) Manipulative therapy				
	(i) Reduction of joints, fractures and POP immobilization and splinting	X	X	√	√

Health care services	Health care services under the Scheme	Health Centres III	Health Centres IV	General hospitals	Referral hospitals
	(ii) Passive stretching	X	X	√	√
	(iii) Active movements	X	X	√	√
	(iv) Firm and pressure banging	X	X	√	√
	(b) Traction				
	(i) Intermittent	X	X	√	√
	(ii) Continuous	X	X	√	√
	(c) Crutches	X	X	√	√
Mortuary services	1. Autopsy limited to external examination, and other investigations such as post mortem imaging and percutaneous needle sampling.	X	X	√	√
	2. Embalming	X	X	√	√
	3. Cold storage up to a maximum of three days for facilities with inpatient services	X	X	√	√

Laboratory Investigations according to the level of care

National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Hematology	Hematology	Hematology	Hematology
Full blood count	Full blood count	Hemoglobin WBC, CD4, CD4%	Hemoglobin WBC
Differential count	Differential count		
Sickle cell screening	Sickle cell screening		
Sickle cell confirmatory test	Sickle cell differential test		
Hemoglobin	Hemoglobin		
Prothrombin time	Prothrombin time		
Activated partial thromboplastin time	Activated partial thromboplastin time		
Fibrinogen test	Erythrocyte sedimentation rate		
Erythrocyte sedimentation rate	Reticulocyte count CD4, CD4 %		
Reticulocyte count			
Lupus erythromatous			
CD4 count			
CD4 %			
National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Blood bank	Blood bank	Blood bank	Blood bank

ABO grouping	ABO grouping	ABO grouping	ABO grouping
Rh grouping	Rh grouping	Rh grouping	Rh grouping
Cross match testing	Cross match testing		
Direct coombs test	Direct coombs test		
Indirect coombs test	Indirect coombs test		
Du test	Du test		
National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Microbiology	Microbiology	Microbiology	Microbiology
TB microscopy - Z-N	TB microscopy - Z-N	TB microscopy - Z-N	TB microscopy - Z-N
TB microscopy - fluorescence	TB microscopy - fluorescence	Gram stain	Gram stain
Culture and sensitivity	Culture and sensitivity	Wet prep	Wet prep
Blood	Blood		
Pus swabs	Pus swabs		
Stool	Stool		
Urine	Urine		
Sputum	Sputum		
CSF	CSF		
Aspirates	Aspirates		

Cervical	Cervical
Eye	Eye
Nasal	Nasal
Ear	Ear
Throat	Throat
Wet prep	Wet prep
HVS	HVS
Urine	Urine
Cell count	Cell count
CSF	CSF
Aspirates	Aspirates
India ink	India ink
Gram stain	Gram stain
KOH	KOH
Wayson stain	Semen analysis
Occult blood	
Mycology silver stain	
Mycology Lactophenol blue	
Mycology Grocotts'	

National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Parasitology	Parasitology	Parasitology	Parasitology
Malaria RDT	Malaria RDT	Malaria RDT	Malaria RDT
Malaria microscopy	Malaria microscopy	Malaria microscopy	Malaria microscopy
Urine chemistry	Urine chemistry	Trypanosoma	Trypanosoma
Urine microscopy	Urine microscopy	Filaria - blood film	Filaria - blood film
Stool microscopy	Stool microscopy	Urine	Urine
Skin Snips for microfilaria	Skin Snips for microfilaria	Stool	Stool
Filaria - blood film	Filaria - blood film		
Trypanosoma/Borelia testing			
National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Serology	Serology	Serology	Serology
Cryptococcal antigen test	Cryptococcal antigen test	HIV test rapid	HIV test rapid
HIV test (ELISA)	HIV test rapid	Syphilis (TPHA) test	Syphilis (TPHA) test
HIV test rapid	Syphilis (TPHA) test	Hepatitis B rapid	Hepatitis B rapid
Syphilis (TPHA) test	Hepatitis B rapid	Hepatitis C rapid	Hepatitis C rapid
Hepatitis B rapid	Hepatitis C rapid	Pregnancy test	Pregnancy test
Hepatitis C rapid	Pregnancy test	Pregnancy test	Pregnancy test

Measles	Pregnancy test		
Rubella			
ASOT			
Rheumatoid factor			
Pregnancy test			
National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Biochemistry	Biochemistry	Biochemistry	Biochemistry
Acid phosphatase	Acid phosphatase	Urine chemistry	Urine chemistry
Albumin	Albumin	Blood glucose	Blood glucose
Alkaline phosphatase	Alkaline phosphatase		
Amylase	Amylase		
Blood gases	Blood glucose		
Blood glucose	Calcium		
Calcium	Chloride		
Cholesterol	Cholesterol		
Creatine kinase	Creatine kinase		
Creatinine	Creatinine		
CSF protein	CSF protein		
CSF glucose	CSF glucose		

CSF globulin	CSF globulin
Direct bilirubin	Direct bilirubin
GGT	GGT
Glycosylated Hb	Indirect bilirubin
Immunoglobulin electrophoresis	Lactic acid
Indirect bilirubin	LDH
Iron	Phosphorus
Lactic acid	Potassium
LDH	SGPT (ALT)
Magnesium	SGOT (AST)
Phosphorus	Sodium
SGOT (AST)	Total bilirubin
SGPT (ALT)	Total protein
Total bilirubin	Triglycerides
Total protein	Urea
Triglycerides	Uric acid
Urea	
Uric acid	
Thyroid hormones T3	
Thyroid hormones T4	
FSH	

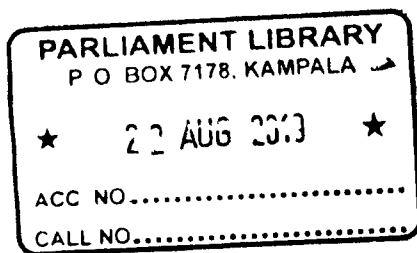
TSH			
Tumor markers			
Prostate antigen			
Carcinogenic embryonic antigen			
Alpha fetoprotein			
Sodium			
Lithium			
Potassium			
Chloride			
National and regional referral hospitals	General hospitals	Health Centres IV	Health Centres III
Histology / Cytology	Referred tests	Referred tests	Referred tests
Hematoxylin-and-Eosin	Histological samples	HIV EID (DBS preparation)	HIV EID (DBS preparation)
Pap stain	EID HIV DNA-PCR	CD4 - collection of samples	CD4 -collection of samples
Prussian stain	Hormones		
ZN	Antibody screening and identification		
<i>Molecular biology</i>			
PCR – DNA			
PCR - RNA (viral load)			

SCHEDULE 2

Section 2

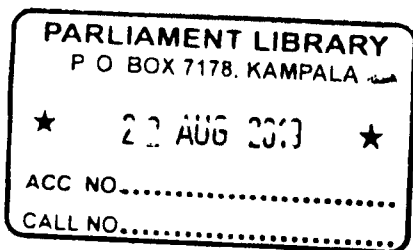
CURRENCY POINT

A currency point is equivalent to twenty thousand shillings.



SCHEDULE 3*Section 14***MEETINGS OF THE BOARD**

- (1) The Board shall meet once every two months or as often as is necessary for the proper discharge of its functions.
- (2) In the absence of the chairperson, the Chief Executive Officer shall call the meetings and the members present shall elect from amongst themselves, a person to act as the chairperson.
- (3) The quorum of the Board shall be five members; except that where a member declares an interest in an agenda item, or a matter before the Board, the member in question shall not be counted for the purpose of forming a quorum in relation to the agenda item or matter in question.
- (4) A decision of the Board shall be by a majority of the votes and where there is an equality of votes, the chairperson shall have a casting vote.
- (5) Subject to the provisions of this Schedule, the Board shall regulate its procedure in the conduct of its business.



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