



“PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

Inaugural Conference of the African Health Economics and Policy Association (AfHEA)
10th – 12th March 2009 - Accra, Ghana

PT 04

The feasibility and challenges of establishing a national health economics association, a case of Uganda

Robert Basaza¹, Arthur Rutaro and Isa Makumbi

¹ Ministry of Health Uganda and Institute of Tropical Medicine, Belgium.

The objective of this paper is to present the establishment of a national health economics association in Uganda; Uganda Health Economics Association (UHEA) so that there is sharing of country experience and possibly provide lessons to other countries already with one or planning to set up a national association.

Membership of UHEA is open to every one with training in health economics; It's currently from Ministries' for finance, health, water, Universities, private sector, donor groups and WHO country office. UHEA is a body corporate and its key objectives are to: (a) act as a legal non-profit making entity dedicated to promoting the health economics (b) sensitise policy makers, health workers and other stakeholders on application of health economics (c) build capacity and institutional development. UHEA's has now established a data base of health economists in Uganda and used to hold frequent thematic presentations and consultative meetings on key and possible areas of intervention.

The methodology employed in this paper was review of records and key informant interviews. What was the trigger to start UHEA? (1) The idea that there is a global association called International Health Economics Association. (2) Some Ugandans heard received training in UK and got exposed to health economics. (3) Teaching of health economics in the undergraduate and post graduate programs at Ugandan Universities. (4) Communication from WHO Country office and MOH of establishing a project of “health futures” meant to develop a long term vision for the health sector. UHEA was to carry out this assignment. UHEA faces a number of challenges; so far the enthusiasm has gone in the limbo. This is a consequence of three conditions: the features project which never materialized and secondly, HEPNET a regional group which has funded programs and thirdly lack of funding.

Way forward: (1) WHO Country Office and MOH Uganda could nurture this country initiative. (2) Such first regional meeting of this kind will rekindle and fertilize the country current membership and potential ones. (3) Donor groups interested in health economics could work through the existing country mechanisms. (4) Exchange visits between functional national health economics associations in the North and Africa including sabbaticals could improve functionability of African Associations.