**HEALTH FACILITY-RELATED DETERMINANTS OF CHOICE FOR HEALTH CARE PROVIDER: LESSONS TOWARDS ACHIEVING THE GOALS OF UNIVERSAL HEALTH COVERAGE IN UGANDA**

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**BACKGROUND:** The nexus between Primary Health Care (PHC) and Universal Health Coverage (UHC) continues to dominate health policy discussions globally especially for low and middle-income economies.There is growing consensus that the most effective way to deliver UHC is by achieving a more efficient PHC system. Uganda’s Household Out-of-pocket expenditure accounts for over 40% of the total health expenditure with over 50% of these expenditures made to privately owned facilities. Thus the motivation for this study.

**OBJECTIVES:** Aimed to examine health facility-related determinants of choice for public health facilities relative to private health facilities in Uganda. Specifically, we examine how facility-based factors such as; inpatients beds, laboratory, cost of treatment, availability of medicine, electricity, staff meals, determine choice of health care provider.

**METHODS:** We borrow the WHO Health financing conceptual framework which identifies key functions of efficient health systems like; resource mobilization, financing and investment for better health services. A Univariate logistic regression was applied. Community level data was extracted from the recent wave of Uganda National Panel Survey in 2016. Choice of facility (Public or Private) was the binary outcome variable while inpatient beds, functioning laboratory, cost of treatment, electricity were key explanatory variables controlling for other covariates like; availability of medicine, waiting time.

**RESULTS:** The study included 300 eligible community level respondents. Private facilities out performed public facilities with (29%, 29% & 88%) providing staff meals, having long waiting time and a functioning laboratory compared to (2%, 50% & 68%) of public facilities respectively. More private facilities (53%) were reported expensive compared to a mere 4% of public facilities. Odds ratio for availability of inpatient beds (1.407) and expensive treatment (0.008) were statistically significant with P<0.05 and P<0.01 respectively. The likelihood of choosing a public facility reduces with increase in the cost of treatment and increases with availability of more medical equipment such as inpatient beds.

**CONCLUSION:** We conclude that people may not use public facility if they perceive it as expensive. The bivariate analysis indicates better quality in private health facility relative to public facilities in terms of; waiting time, availability of drugs & supplies, functioning laboratory. This implies that high household OOP expenditure in Uganda may be due to individual preference to pay more in private health facilities expecting better quality of service. Thus, more efforts towards improving quality in public health facilities form an integral part towards achieving equitable PHC for all and consequently UHC.