- Supporting the generation of evidence for the feasibility or potential of a series of tax-financed health trust funds in raising revenue for the health sector (including sin taxes and motor vehicle insurance taxes), in order to increase the public budget for health.
- Improve the quality and efficiency of health facilities through results-based financing, and increase access to services through demand-side vouchers.
- Expand access to a package of high-impact RMNCAH interventions by level, with a focus on high burden populations and the 40 highest burden districts.
- Improve the community-based services and functionality of health centers, in order to provide good-quality maternal, neonatal and child health services.
- Increase district-level capacity to drive improvements in RMNCAH outcomes and service provider capacity by establishing skills hubs.
- Address the broader context for health outcomes by focusing on the social determinants of health for adolescents.
- Scale up birth and death registration services at the health facility and community levels, and develop and disseminate a strategy and communication strategy for civil registration and vital statistics.

**RMNCAH-N Core Indicators**

- Maternal mortality ratio: 336 per 100,000 live births
- Neonatal mortality ratio: 27 per 1,000 live births
- Under-five mortality ratio: 64 per 1,000 live births
- Adolescent birth rate: 1.33 per 1,000 women
- Stunting among children under 5 years of age: 28.9%
- Moderate to severe wasting among children under 5 years of age: 3.4%
- Under-five mortality ratio: 28.9%
- Stunting among children under 5 years of age: 28.9%
- Moderate to severe wasting among children under 5 years of age: 3.4%

**Health Financing Core Indicators**

- Health expenditure per capita financed from domestic sources: US$6.23
- Ratio of government health expenditure to total government expenditures: 5.14%
- Percent of current health expenditures on primary/outpatient health care: 58.26%
- Incidence of catastrophic and impoverishing health expenditures: 15.27% catastrophic; 3.18% impoverishing

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**Resource Mapping**

Washington, DC

**Uganda**

- **Investment Case being Developed and initial Country Platform Project approved and Established and initial Developed but not prioritized within available funding**
- **Set of evidence based priorities financed**
- **Results monitoring strategy and framework in support of IC**
- **Country-led multi-stakeholder platform (e.g., new or established from an existing platform)**
- **Government focal point identified**
- **Openness of the country platform to private sector engagement**
- **Civil society represented**
- **Civil registration and vital statistics (CRVS) made a priority**
- **Health financing reforms identified**
- **Civil registration services and functionality of health facilities developed**
- **Core Indicators**

**Monitoring the Country-Led Process**

- **Investment Case is Development**
- **Investment Case is Complete**
- **Investment Case is Being Implemented**
- **Not prioritized within available funding**
- **Priorities determined, but financial gaps remain**
- **Priorities fully funded***
- **Not developed**
- **Developed and initial assessment of results monitoring and evaluation framework available**
- **Country platform for civil society engaged in the process to discuss needs arising from implementing the IC and corrective action**
- **Not yet established**
- **Established and initial meetings held**
- **Country platform holds regular country meetings to discuss needs arising from implementing the IC and corrective action**
- **Government focal point not yet identified**
- **Government focal point identified**
- **Government focal point identified with contact available online (EIT website)**
- **Civil registration services and functionality of health facilities developed**
- **Core Indicators**
- **Civil registration services and functionality of health facilities developed**
- **Core Indicators**
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- **Core Indicators**
- **Civil registration services and functionality of health facilities developed**
- **Core Indicators**

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**Country Focus Areas**

- **Supporting the generation of evidence for the feasibility or potential of a series of tax-financed health trust funds in raising revenue for the health sector (including sin taxes and motor vehicle insurance taxes), in order to increase the public budget for health.**
- **Improve the quality and efficiency of health facilities through results-based financing, and increase access to services through demand-side vouchers.**
- **Expand access to a package of high-impact RMNCAH interventions by level, with a focus on high burden populations and the 40 highest burden districts.**
- **Improve the community-based services and functionality of health centers, in order to provide good-quality maternal, neonatal and child health services.**
- **Increase district-level capacity to drive improvements in RMNCAH outcomes and service provider capacity by establishing skills hubs.**
- **Address the broader context for health outcomes by focusing on the social determinants of health for adolescents.**
- **Scale up birth and death registration services at the health facility and community levels, and develop and disseminate a strategy and communication strategy for civil registration and vital statistics.**