

Ethical challenges in Uganda's health insurance models: addressing dilemmas to improve equity, access and sustainability

Desafíos éticos en los modelos de seguro de salud de Uganda: abordando dilemas para mejorar la equidad, el acceso y la sostenibilidad

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Abstract

Uganda's health insurance sector remains underdeveloped, with low coverage and a heavy reliance on out-of-pocket payments. This paper explores the ethical challenges in Uganda's health insurance models,

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focusing on equity, access, and sustainability. Using bioethical principles, human rights frameworks, and the Ubuntu moral perspective, it examines issues such as affordability, exclusion of vulnerable populations, and weak regulatory oversight. Key solutions include implementing a National Health Insurance Scheme (NHIS), strengthening community-based insurance, improving regulation, ensuring political commitment, and enhancing transparency and accountability. Drawing on insights from existing literature and policy analyses, this study highlights the urgent need for ethical and policy reforms to create an inclusive and sustainable health insurance system. Addressing these challenges will advance universal health coverage, improve health outcomes, and contribute to social and economic development through a collaborative, justice-driven approach.

Keywords: Uganda health system, health insurance, ethics, universal health coverage (UHC).

1. Introduction

Health is a fundamental pillar of human welfare, economic productivity, and social development, as recognized by the World Health Organization (1) in its 2010 World Report. A healthy population enables individuals to pursue education, engage in meaningful work, and lead fulfilling lives, while poor health perpetuates cycles of poverty and diminishes overall quality of life. Economically, good health enhances workforce efficiency, innovation, and participation, whereas illness imposes significant costs on both individuals and national economies. Socially, equitable access to healthcare fosters inclusivity, reduces inequalities, and mitigates the destabilizing effects of widespread illness. Investments in health promotion and protection, therefore, yield multidimensional benefits, serving as a cornerstone for sustainable development and societal progress.

Within this broader context, health insurance emerges as a critical mechanism for safeguarding human welfare, reducing economic vulnerabilities, and promoting social equity (2). By ensuring access to affordable healthcare, health insurance protects individuals and fam-

ilies from catastrophic medical expenditures that can trap them in poverty. It also redistributes healthcare costs, reducing out-of-pocket payments, facilitating resource allocation within households, and enabling more effective recovery and workforce reintegration. Socially, health insurance bridges gaps in healthcare access, particularly for marginalized populations, thereby addressing inequalities and promoting a fairer, more cohesive society (2). In Uganda, however, the health insurance sector is at a crossroads, grappling with significant challenges in achieving these outcomes.

With less than 5% of Uganda's population covered by any form of health insurance, many citizens rely on out-of-pocket payments to access healthcare services (2,3). This reliance exacerbates inequalities, disproportionately impacting low-income and rural populations, who are most vulnerable to catastrophic health expenditures (3). Despite discussions around the National Health Insurance Scheme (NHIS), progress remains slow, and the country faces considerable obstacles in its pursuit of universal health coverage (UHC) (4). The persistent inequities and systemic barriers within Uganda's health insurance landscape underscore the urgent need for reform.

Importantly, health insurance is not merely a financial instrument; it is deeply intertwined with ethical considerations, including principles of justice, autonomy, beneficence, and non-maleficence. These principles provide a framework for analyzing Uganda's health insurance models, highlighting systemic inequities such as urban-rural disparities, exclusion of vulnerable groups, and regulatory challenges. Ethical dilemmas related to access, transparency, and accountability further complicate efforts to develop a fair and inclusive system.

This article critically examines the ethical challenges inherent in Uganda's health insurance models, drawing on bioethical and human rights frameworks to provide a comprehensive analysis. It highlights key dilemmas and proposes pathways to improve equity, access, and sustainability, emphasizing the importance of policy reforms and collaborative stakeholder engagement. By addressing these challenges, Uganda has the opportunity to build a health insurance system that promotes justice and inclusivity, ultimately contributing to the

realization of universal health coverage and sustainable development goals.

1.1. *Health insurance and healthcare financing in Uganda*

Health insurance, a contractual arrangement between an insurer and an individual, offers financial protection by covering some or all healthcare costs in exchange for premiums (5). It generally covers healthcare expenses such as treatment, medication, and sometimes dental care. Health insurance reduces the financial burden of healthcare by pooling resources and distributing the risks associated with unforeseen health events (2,5). In Uganda, health insurance is vital in mitigating the financial barriers to healthcare, especially as the country grapples with rising medical costs and an expanding population.

Uganda's health system operates as a hybrid of public and private sectors. Public healthcare facilities, under the "free" healthcare policy established in 2001, abolished user fees for services, although challenges in funding and resource allocation persist. In contrast, private healthcare providers continue to operate on a fee-for-service basis (6). However, Uganda's health sector remains underfunded, and like many Sub-Saharan African nations, the country faces a considerable health financing gap (7).

The financing structure of Uganda's health system is primarily composed of three sources: out-of-pocket (OOP) payments (41.4%), donor contributions (41.4%), and government funding (17.2%) (8). The significant reliance on OOP payments, which constitute a large portion of the health sector's funding, is a major barrier to accessing healthcare services. Many Ugandans, particularly from low-income households, are forced to adopt coping mechanisms such as selling assets, borrowing, or cutting back on essential expenditures to meet healthcare costs. Although these strategies provide short-term relief, they often lead to long-term impoverishment, deepening the cycle of poverty (9).

In response to these challenges, several health insurance schemes have emerged in Uganda, including private, community-based, and

social insurance models. These schemes are designed to address financial barriers to healthcare access but remain fragmented and cover only a small proportion of the population. As a result, many Ugandans still rely on OOP payments, heightening their vulnerability to catastrophic health expenditures.

1.2. An overview of health insurance models in Uganda

Uganda's health insurance system is characterized by a diverse range of models, including public health insurance schemes, private health insurance, and community-based health insurance, each contributing to the goal of improving healthcare access and alleviating the financial burden of medical expenses (10). These models differ significantly in terms of structure, coverage, and the populations they serve. However, they all face unique challenges, such as issues of affordability, low enrollment rates, sustainability, and ensuring equitable coverage. Addressing these challenges is crucial for enhancing the overall effectiveness and inclusivity of Uganda's health insurance system. Below is a comprehensive analysis of Uganda's health insurance landscape, focusing on target populations, coverage, and the challenges inherent in each model.

1.2.1. Private health insurance in Uganda

Private health insurance in Uganda primarily serves middle and upper-income groups, often through employer-sponsored plans in the formal sector. While it offers quality inpatient and outpatient care, its high premiums and exclusion of chronic diseases and preexisting conditions limit accessibility for low-income populations (5,11). Driven by profit motives, private insurers prioritize financial sustainability over inclusivity, reinforcing healthcare inequities (12). Without regulatory reforms and alternative models, private insurance will remain inaccessible to most Ugandans, exacerbating disparities in healthcare access and affordability.

1.2.2. *Community-Based Health Insurance (CBHI) in Uganda*

Community-Based Health Insurance (CBHI) schemes in Uganda are nonprofit, voluntary initiatives aimed at providing basic healthcare to underserved rural populations and informal sector workers. By pooling community resources, they reduce out-of-pocket expenses and enhance access to essential health services (13). However, their coverage remains limited, as financial constraints prevent the inclusion of high-cost treatments and chronic disease management (14,15). Low enrollment due to limited public awareness and affordability issues further weakens their impact (14). Additionally, the small, homogenous risk pools make them financially unstable (15), leaving many schemes unsustainable without government subsidies or external funding (14). Addressing these challenges requires structural reforms and financial support to enhance CBHI's sustainability and accessibility.

1.2.3. *Employer-sponsored insurance in Uganda*

Employer-sponsored insurance provides comprehensive health coverage, including inpatient, outpatient, and maternity care, primarily benefiting formal sector employees and their dependents (13). By reducing out-of-pocket expenses, it enhances financial protection and health security. However, its exclusivity leaves informal sector workers uninsured, deepening healthcare disparities across socio-economic groups (11,13). Additionally, its sustainability is tied to employer financial stability, making coverage vulnerable during times of economic stress (13). Expanding health insurance beyond formal employment is essential to achieving equitable healthcare access in Uganda.

1.2.4. *Emerging public health insurance initiatives in Uganda*

Emerging public health insurance initiatives in Uganda, spearheaded by the government, aim to establish a National Health Insurance

Scheme (NHIS) as a cornerstone of the country's drive toward Universal Health Coverage (UHC) (16). The NHIS is envisioned as a comprehensive framework designed to provide health coverage for all Ugandans, with a particular focus on reaching uninsured and vulnerable populations who currently lack access to affordable health-care services (17).

The initiative seeks to pool resources from employers, employees, and government subsidies to create a sustainable and equitable health financing mechanism. However, the NHIS is still in its developmental stages, with ongoing pilot programs and consultations (17). Despite its potential to enhance healthcare access, political disagreements, financial constraints, and unclear integration with existing private and community-based insurance models pose significant challenges (3,4). Addressing these issues is crucial to the NHIS's success and achieving Universal Health Coverage in Uganda.

1.2.5. *Microinsurance models in Uganda*

Microinsurance models in Uganda are aimed at providing affordable health coverage for underserved populations, particularly those in the informal sector such as farmers and members of cooperatives (18). These schemes focus on specific health needs, such as maternal care and preventive services, offering targeted coverage to individuals who might otherwise be excluded from formal insurance systems. While microinsurance models provide financial protection and help mitigate medical expenses for vulnerable groups, they face challenges in sustainability. Low premiums limit the funds available to cover high-cost services, and operational issues like inefficient claims management and fraud exacerbate these limitations (18). Addressing these challenges is essential for enhancing the effectiveness and long-term viability of microinsurance in Uganda's healthcare system.

1.3. *Key ethical challenges in Uganda's health insurance models*

Uganda's health insurance system grapples with profound ethical challenges that undermine its potential to deliver equitable, accessible, and sustainable healthcare. These challenges are deeply embedded in structural inequities, financial barriers, the exclusion of vulnerable populations, and weak regulatory frameworks, reflecting significant violations of core bioethical principles.

1.3.1. *Inequitable access to health insurance*

One of the most critical ethical challenges in Uganda's health insurance system is the inequitable access to coverage, particularly between urban and rural populations. Urban areas benefit disproportionately from the availability of private and employer-sponsored insurance schemes, which are more accessible due to the concentration of wealth and formal sector employment in cities. In contrast, rural communities, which make up most of the population, remain largely underserved by these models (19). This urban-rural disparity is compounded by socioeconomic exclusion, where high-income groups are more likely to afford private insurance, while low-income individuals, particularly in rural areas, often face barriers to even basic health coverage. These inequities violate the ethical principle of justice by creating unequal access to healthcare resources, contributing to the continuation of systemic disparities in health outcomes.

The failure to address these disparities directly undermines the core tenets of fairness and equity within Uganda's health insurance models. As highlighted by Rostampour and Nosratnejad (20), health equity is a fundamental component of social justice, and the persistent exclusion of vulnerable populations from health insurance coverage exacerbates societal inequalities. The authors further emphasize that equitable access to healthcare is central to achieving social justice, and any system that perpetuates disparities in healthcare

access not only fails to provide adequate protection for all citizens but also compromises the ethical integrity of the entire health system. Addressing these gaps is crucial for building a more just and inclusive healthcare system that aligns with the principles of equity and justice.

1.3.2. *Affordability of premiums*

The high cost of health insurance premiums is a significant ethical issue in Uganda, especially considering that a significant portion of the population depends on informal sector incomes, which are often unstable and low. Private health insurance premiums are prohibitively expensive for many Ugandans, leaving informal sector workers and low-income households without access to affordable coverage (12). The limited government subsidies that currently exist are insufficient to bridge this gap, exacerbating financial barriers to healthcare. This situation violates the principle of beneficence, as it fails to reduce the financial burdens that hinder access to essential healthcare services. Moreover, it deepens existing health inequities by ensuring that those who can afford insurance benefit from better care, while the most vulnerable populations are excluded from coverage.

This affordability issue aligns with Amnesty International's (3) argument that financial barriers perpetuate exclusion from healthcare services, further entrenching inequalities in health outcomes. When individuals are unable to access insurance due to prohibitive costs, they face greater health risks and financial instability, leading to poorer health outcomes that could otherwise be prevented or mitigated. As such, the unaffordability of premiums undermines the principle of justice by creating a healthcare system that disproportionately benefits wealthier groups, thus exacerbating existing disparities. Addressing the affordability of health insurance premiums is essential for promoting health equity and ensuring that all Ugandans, regardless of income, have access to the necessary care they need.

1.3.3. *Exclusion of vulnerable populations*

Many health insurance models in Uganda perpetuate the exclusion of vulnerable populations, including individuals with chronic illnesses and women in rural areas. Private insurance schemes, for instance, often exclude coverage for preexisting conditions or chronic diseases, effectively discriminating against those who require ongoing medical care (2). This practice disproportionately affects individuals with the greatest healthcare needs, leaving them without essential coverage and exacerbating health inequities. Furthermore, gender inequities deepen this issue, as women, particularly in rural areas, face unique cultural and financial barriers that limit their access to health insurance. These exclusionary practices violate the principle of non-maleficence, as they inflict harm on already marginalized populations by denying them essential healthcare services.

Such exclusionary models contradict global health ethics, which prioritize the moral responsibility to protect vulnerable groups. The ethical framework of global health emphasizes that healthcare systems should safeguard the most disadvantaged members of society, ensuring that they receive the care necessary to protect their health and dignity (22). Denying coverage to individuals with chronic illnesses or marginalized women, therefore, constitutes a failure of health systems to uphold their ethical obligations. To promote equity and social justice, Uganda's health insurance models must address these systemic exclusions and ensure that all populations, especially vulnerable groups, have access to the care they need.

1.3.4. *Lack of transparency and consumer protection*

The lack of transparency in health insurance policies and the prevalence of hidden costs present significant ethical challenges within Uganda's health insurance system. Consumers often face difficulties in comprehending the complexities of their health insurance coverage, making them vulnerable to exploitative practices such as

arbitrary claim denials and the imposition of unforeseen charges. This undermines the ethical principle of autonomy, as individuals are not provided with the clear, accessible information necessary to make informed decisions about their healthcare (23). The inability of consumers to fully understand their insurance policies limits their capacity to exercise their autonomy and make choices that best align with their health needs.

Moreover, the lack of transparency erodes trust in the healthcare system, which is critical for its success and sustainability. Trust is an essential component of effective health financing models, and when consumers perceive the system as opaque or exploitative, their willingness to participate diminishes, further compromising the system's viability (24). The failure to protect consumers through transparent practices and clear communication not only harms individuals but also destabilizes the broader healthcare ecosystem by reducing engagement and participation in insurance schemes. Therefore, enhancing transparency and consumer protection is vital to restoring trust, ensuring informed decision-making, and promoting a more sustainable health insurance system in Uganda.

1.3.5. *Weak regulatory oversight*

Weak regulatory oversight in Uganda's health insurance sector allows unethical practices, such as overpricing and delayed reimbursements, to persist, undermining the ethical integrity of the system. The absence of robust accountability mechanisms enables private insurers to prioritize profit over equity and fairness, violating the ethical principle of justice, which calls for the equitable distribution of healthcare resources (25). As a result, consumers are left vulnerable to exploitation, with limited resources against fraudulent practices or unfair treatment. This lack of effective oversight not only harms individuals but also exacerbates existing inequities, particularly for low-income and rural populations who already face significant barriers to accessing healthcare coverage.

The failure to regulate the health insurance sector effectively deepens the divide between those who can afford comprehensive insurance and those who cannot, thereby perpetuating systemic inequality. Strengthening regulatory frameworks is therefore crucial to ensure that health insurers operate within ethical boundaries and prioritize the well-being of their clients. A robust regulatory system would not only protect consumers from exploitation but also help to build trust in the health insurance system, ensuring its sustainability and fairness in the long term.

1.3.6. *Data Privacy and Confidentiality*

The growing reliance on digital health platforms for insurance enrollment and claims processing in Uganda poses significant risks to data privacy and confidentiality. The country's weak legal protections for sensitive health information expose individuals to potential breaches, which can result in the exposure of personal health data, leading to stigma, discrimination, and other forms of harm. These risks violate the ethical principle of non-maleficence, which emphasizes the obligation to avoid causing harm to individuals (23). Breaches of confidentiality not only harm the affected individuals but also undermine trust in digital health systems, making it more difficult for the public to embrace technological advancements in healthcare. Strengthening data protection laws and ensuring robust cybersecurity measures are essential to safeguarding individuals' privacy and maintaining confidence in Uganda's health insurance system.

1.3.7. *Sustainability of Community-Based Health Insurance (CBHI)*

Community-Based Health Insurance (CBHI) models in Uganda face significant sustainability challenges, primarily due to low enrollment rates and financial instability. Limited public awareness about the benefits of CBHI, coupled with the inability of target populations to afford premiums, significantly hinders participation in these

schemes. Additionally, inadequate risk pooling exacerbates the financial vulnerabilities of CBHI models, making them prone to collapse (26). Such failures violate the ethical principle of beneficence, as they deprive members of essential healthcare services when most needed. To ensure the long-term viability of CBHI, targeted interventions are necessary to improve risk pooling, increase financial support, and enhance public awareness. Strengthening these aspects will help ensure that CBHI schemes can effectively meet the healthcare needs of underserved populations.

1.3.8. *Disparities in service quality*

The dual nature of Uganda's health insurance system contributes to significant disparities in service quality between private and community-based insurance (CBHI) schemes. Private health insurance often provides higher-quality care, with better access to advanced medical technologies and facilities, compared to the services available through CBHI or the public healthcare system. This disparity in the quality-of-care leads to unequal health outcomes, particularly for those in rural or low-income areas who rely on public or CBHI models. Such inequities in the allocation of healthcare resources violate the principle of justice, as they create a system where access to quality care is determined by one's ability to pay. Inequalities in health service provision not only undermine fairness but also reflect the ethical concerns inherent in profit-driven healthcare models that prioritize financial gain over equitable health outcomes (12,21)

To sum up, the challenges within Uganda's health insurance models highlight the violation of several core ethical principles. The principle of justice is compromised by inequitable access to health insurance, weak regulatory oversight, and disparities in service quality, which result in unequal healthcare access across different socio-economic groups. The principle of autonomy is undermined by a lack of transparency and consumer protection, depriving individuals of the necessary information to make informed decisions about

their healthcare. Additionally, the principles of beneficence and non-maleficence are violated through exclusionary practices, financial barriers, data breaches, and unsustainable insurance models, all which harm vulnerable populations. To address these issues, comprehensive reforms rooted in bioethical principles and a commitment to equity are essential to ensure a more just and sustainable healthcare system for all Ugandans.

1.4. *Ethical frameworks for analysis*

The ethical challenges facing Uganda's health insurance models require a comprehensive and nuanced approach to ensure that policies are equitable, accessible, and sustainable. A variety of ethical frameworks can be applied to assess these challenges. The Four Principles of Bioethics, Human Rights-Based Approach (HRBA), Public Health Ethics Framework, and Ubuntu Framework all offer distinct yet complementary perspectives on how health insurance systems should be designed and implemented to serve the needs of all citizens. These frameworks collectively provide a robust ethical basis for analyzing Uganda's health insurance landscape and guiding reforms.

1.4.1. *Four principles of bioethics (principlism)*

Uganda's health insurance models, particularly private health insurance, community-based health insurance (CBHI), and emerging public schemes, present notable ethical challenges when examined through the lens of **principlism**, the four bioethical principles proposed by Beauchamp and Childress: **autonomy**, **non-maleficence**, **beneficence**, and **justice** (23). These principles can guide a critical analysis of the ethical issues within Uganda's healthcare system and point toward areas for reform.

Autonomy: the right of individuals to make informed decisions about their health care (23) is compromised in Uganda, by the opacity of health insurance policies, which leaves individuals uninformed

about their rights and the specific details of their coverage. When the terms of health insurance schemes are unclear, particularly regarding exclusions (such as chronic conditions or pre-existing diseases), individuals cannot make informed decisions about their healthcare. The absence of transparent information limits their ability to exercise their autonomy meaningfully. Ethical health insurance systems must prioritize clear communication, where individuals can easily understand the scope of their coverage, exclusions, and their healthcare rights. This transparency fosters autonomy, allowing people to make choices that align with their health needs and personal circumstances.

Non-maleficence: the principle of non-maleficence, or “do no harm,” (23) is especially relevant in the context of Uganda’s health insurance models. Excluding individuals with pre-existing conditions or chronic illnesses from coverage directly causes harm by denying them access to necessary healthcare services. Such exclusions disproportionately affect the most vulnerable populations who are often already facing significant health challenges. Moreover, in the age of digital health systems, privacy concerns and data breaches can also cause harm, particularly when sensitive health information is mishandled or exposed. Ethical health insurance policies must ensure that no one is harmed through exclusionary practices, particularly those who are in dire need of health services, and that data protection measures are robust enough to protect vulnerable individuals from privacy violations.

Beneficence: calls for promoting the well-being of individuals (23), yet Uganda’s health insurance models often fall short in fulfilling this principle. High premiums and limited coverage under private and employer-sponsored insurance models create financial barriers for the majority of Ugandans, particularly those in low-income groups. These insurance schemes, by prioritizing financial sustainability over inclusive coverage, may fail to maximize health benefits for vulnerable populations. Beneficence, in this context, would require that health insurance systems are designed not only to provide

access to essential services but also to improve health outcomes for all citizens. A more ethical approach would involve increasing subsidies for low-income families and expanding coverage to address long-term health needs, such as chronic conditions, which are often neglected under current models.

Justice: which demands fairness in the distribution of health-care resources (23), is one of the most pressing ethical issues in Uganda's health insurance models. The disparity between urban and rural populations in accessing healthcare highlights a significant breach of justice. Urban populations, particularly those in formal employment, benefit from more comprehensive health insurance options, while rural and informal sector workers are often excluded from these benefits. This inequality violates the principle of justice by creating systemic disparities in access to healthcare, which leads to worse health outcomes for disadvantaged groups. A fairer system would ensure that vulnerable populations, particularly those in rural areas or informal employment, have access to affordable and adequate healthcare. CBHI schemes, in particular, hold promise in bridging this gap, but they must be strengthened and expanded to ensure they do not merely serve a select group but offer inclusive coverage that reduces urban-rural disparities.

1.4.2. *Human Rights-Based Approach (HRBA)*

The **Human Rights-Based Approach (HRBA)** provides a powerful framework for rethinking Uganda's health insurance models by ensuring that health coverage is accessible, equitable, and accountable. The core principles of HRBA—**universality, indivisibility, equality, non-discrimination, participation, and accountability** (27)—have profound implications for addressing the gaps and inequalities in Uganda's healthcare system. When applied to health insurance models, HRBA emphasizes the inclusion of marginalized populations, the equitable distribution of healthcare resources, and mechanisms for holding duty-bearers accountable for the delivery of health services.

Equity and Non-Discrimination: One of the primary pillars of HRBA is equity, which seeks to ensure that no one is excluded from the benefits of development processes, including health insurance (27). Uganda's current health insurance landscape exhibits significant disparities in access, with vulnerable populations such as rural communities, women, and individuals with chronic illnesses frequently left out of coverage. These groups often face systemic barriers such as high premiums, exclusion of chronic conditions, and lack of coverage in rural areas. By integrating HRBA, Uganda's health insurance models can ensure that universal health coverage becomes a reality, with targeted policies to provide subsidies for low-income and marginalized communities, ensuring that the right to health is upheld for all, regardless of socio-economic status or geographic location.

Furthermore, **non-discrimination**, another cornerstone of HRBA, insists on treating individuals equally, regardless of their status or condition (27). In Uganda, many health insurance models, particularly private and employer-sponsored plans, exclude individuals with pre-existing conditions, exacerbating inequities and failing to protect the most vulnerable. HRBA would challenge such exclusionary practices and advocate for inclusive policies that ensure healthcare access for people with disabilities, those living with HIV/AIDS, or individuals suffering from chronic conditions. Implementing these reforms would help address the systematic exclusion of marginalized populations and align the health system with international human rights standards.

Participation: the HRBA underscores the importance of participatory development, ensuring that all relevant stakeholders, particularly marginalized groups, are involved in decision-making processes (27). While Community-Based Health Insurance (CBHI) schemes have made progress in engaging local communities, Uganda's National Health Insurance Scheme (NHIS) is still in its nascent stages and needs to be more inclusive. The voices of rural populations and informal sector workers, who are often left out of traditional insurance

schemes, should be prioritized in the design and implementation of the NHIS.

Participation is not limited to consultation; it means that the marginalized populations actively shape the policies and strategies that affect their lives. For example, rural communities can help identify unique barriers they face, such as limited access to healthcare facilities, and help craft solutions that are more suitable for their circumstances. This participatory process strengthens community ownership of health initiatives and ensures that the schemes reflect the diverse needs of the entire population. The more inclusive the planning and policy-making process, the more likely it is that the health insurance system will be effective and equitable.

Accountability: is a critical aspect of the HRBA and is essential to ensuring that duty-bearers (27), such as the government, insurers, and healthcare providers, fulfill their obligations to protect and respect the rights of rights-holders (the insured). In Uganda, weak regulatory oversight has contributed to a range of unethical practices in the health insurance sector, including overpricing, delayed reimbursements, and lack of transparency. Such practices undermine the integrity of the system and erode trust in insurance models, particularly among vulnerable populations.

Under the HRBA, accountability mechanisms should be strengthened to ensure that health insurers comply with ethical standards and deliver on their promises. This could include establishing independent regulatory bodies with the power to enforce consumer protection laws, monitor insurance practices, and ensure that healthcare providers fulfill their commitments to deliver services promptly and without discrimination. Ensuring accountability at all levels will increase consumer confidence in the system and align health insurance models with human rights standards.

Capacity Building: an often-overlooked but crucial aspect of the HRBA is enhancing the capacity of both duty-bearers and rights-holders. For duty-bearers (such as the government and health insurers), this means providing the necessary resources, training,

and institutional frameworks to effectively manage health insurance schemes and ensure that they are implemented equitably. For rights-holders, the HRBA stresses the importance of empowerment enabling individuals to understand their rights and navigate the healthcare system effectively. In Uganda, public awareness of health insurance options remains low, particularly in rural areas. Capacity building initiatives that educate the population about their rights and available coverage options could greatly enhance accessibility and engagement with health insurance systems.

Indivisibility: HRBA emphasizes the indivisibility of human rights, meaning that all rights—whether civil, political, economic, or social—are interconnected and must be fulfilled in tandem. Uganda’s health insurance system must, therefore, not only provide access to healthcare but also address broader issues such as poverty, access to education, and economic security. The interconnectedness of these factors highlights the importance of addressing the root causes of health disparities within Uganda’s broader development context. For example, policies that integrate healthcare access with poverty alleviation and economic empowerment are likely to have a more substantial and lasting impact on reducing health inequities.

1.4.3. *Public Health Ethics Framework*

The **Public Health Ethics (PHE) Framework** proposed by Abasi *et al.* (29) provides a comprehensive approach to addressing ethical challenges in public health policy. It strikes a balance between collective moral obligations and individual autonomy, offering critical insights for Uganda’s health insurance system. The framework is underpinned by a set of key moral norms—prevention of harm, health promotion, distributive justice, fairness, privacy, solidarity, social responsibility, and community participation—which are essential in guiding policy and practice. These norms demand that public health systems not only safeguard individual rights but also promote the health and well-being of the population at large, with particular

emphasis on reducing health disparities and enhancing community participation.

Population health and health promotion

The primary concern of public health ethics is improving population health (1,30), which aligns with Uganda's goals for Universal Health Coverage (UHC). The PHE framework stresses the need to create health systems that improve the overall health outcomes of the population. In Uganda, this could be achieved through the integration of both public and private health insurance models, thereby pooling resources across sectors and increasing access to essential healthcare services. A more inclusive system, one that leverages both Community-Based Health Insurance (CBHI) and employer-sponsored schemes, would address existing gaps, especially in rural areas and for those in the informal sector who often face exclusion. By prioritizing collective well-being, Uganda could reduce health inequities and ensure that marginalized groups, often excluded from formal healthcare structures, are included in health promotion efforts.

Reduction of health disparities

One of the core principles of the PHE framework is the reduction of health disparities (21). In Uganda, significant inequalities persist, particularly between urban and rural populations and among formal versus informal sector workers. PHE demands interventions aimed at prioritizing equity, which could be operationalized through the National Health Insurance Scheme (NHIS), designed to reduce the existing health gap. Ensuring that rural communities and informal sector workers have access to affordable health insurance is critical in achieving this goal. This might involve subsidizing premiums or implementing other financial protection mechanisms tailored to these groups. Moreover, the Community-Based Health Insurance (CBHI) model could be expanded to provide more localized, cul-

turally appropriate services that address the unique health challenges faced by rural populations.

Balancing individual and collective interests

The balance between individual autonomy and collective good is a central ethical dilemma in public health. PHE highlights that public health policies often require compromising individual rights to achieve broader societal benefits. In Uganda, the idea of mandatory participation in a national health insurance scheme, while potentially limiting personal autonomy, could enhance risk pooling and sustainability of the system. While this mandatory participation may raise concerns about personal choice, it can ensure that all individuals, regardless of their socioeconomic status, contribute to and benefit from the health system. Given Uganda's population structure and the prevalence of out-of-pocket expenses, implementing mandatory health insurance would help secure financial protection for the broader population and promote health equity. Moreover, it could generate the resources needed to provide essential services to everyone, especially the underserved and vulnerable groups, who are often the most in need of care.

Social responsibility and solidarity: Social responsibility and solidarity are key components of the PHE framework, emphasizing the collective responsibility to improve health outcomes for all. In Uganda, solidarity can be promoted through the integration of community-driven models like CBHI, ensuring that even the most marginalized populations, such as smallholder farmers or women's groups, are covered by insurance plans. These community models not only provide health security but also foster a sense of shared responsibility, where individuals contribute to the health and well-being of their neighbors. By promoting social solidarity, Uganda can move toward a more cohesive society where everyone is included in health policies, reducing fragmentation and fostering a sense of unity in health goals.

Accountability and transparency: The PHE framework also emphasizes the need for transparency and accountability in health systems. In Uganda, the health insurance market has been criticized for a lack of clear information, high premiums, and inadequate regulatory oversight. Implementing stronger regulatory frameworks, with a focus on consumer protection, would help address these issues, ensuring that health insurers act ethically and in the best interests of their clients. Transparent policies and clear communication about the scope of coverage and costs would enhance public trust in the health system, encourage wider participation, and reduce disparities in access to healthcare services.

In conclusion, the Public Health Ethics Framework offers valuable ethical guidance for Uganda's health insurance system, ensuring that the country's policies are not only effective but also just, inclusive, and accountable. By emphasizing the collective good, equity, and social solidarity, Uganda can design and implement a more sustainable and equitable health system that addresses the needs of its most vulnerable populations. Implementing mandatory participation, transparency, and reduced health disparities through well-designed health insurance models will bring Uganda closer to achieving Universal Health Coverage and improving population health.

1.4.4. *Ubuntu moral framework*

The Ubuntu moral framework offers a profound ethical perspective rooted in African philosophy, emphasizing communal values, solidarity, and interdependence. The phrase "I am because we are, and since we are, therefore I am" (31) encapsulates the essence of Ubuntu, highlighting the interconnectedness of individuals within society. This philosophy aligns well with the principles of equity, justice, and sustainability that are essential to any health insurance system. Applying Ubuntu to Uganda's health insurance models provides valuable insights into addressing the country's systemic healthcare challenges.

Ubuntu and equity in health insurance

Ubuntu inherently prioritizes fairness and community well-being, making it a natural framework to address disparities in health insurance access in Uganda. As is the case in many developing countries, Uganda faces significant socio-economic and geographical inequities, with rural populations, low-income individuals, and those working in the informal sector often excluded from comprehensive health insurance coverage. The Ubuntu principle mandates that health policies must seek to uplift the marginalized, ensuring that poverty, disability, or remoteness do not prevent anyone from accessing healthcare.

The profit-driven nature of many existing health insurance models in Uganda, such as private health insurance and employer-sponsored schemes, often exacerbates these inequities by serving primarily urban or formal sector populations. From an Ubuntu perspective, health insurance should not be viewed as a commodity, but as a collective responsibility. Policies should be designed to address the redistribution of resources, ensuring that vulnerable groups—such as those living in rural areas, women, and informal sector workers—receive adequate coverage. The communal value of Ubuntu calls for health systems that provide equitable access to all members of society, as their collective well-being is integral to the health of the entire nation.

Ubuntu and access to healthcare

Ubuntu places significant emphasis on the right to healthcare as a fundamental and shared human need. It challenges the exclusionary nature of Uganda's current health insurance systems, where access is often dictated by geography or socioeconomic status. For example, community-based health insurance (CBHI) schemes, while beneficial for some, struggle with limited reach, leaving rural populations or informal sector workers underserved. Similarly, private

health insurance caters primarily to the formal sector, creating a divide between those with access to comprehensive healthcare and those who remain uninsured or underinsured.

From an Ubuntu perspective, healthcare should not be seen as a privilege, but a right that sustains social harmony. Thus, health insurance models must be designed to ensure that no one is excluded from coverage due to factors such as income, location, or employment status. Inclusivity is key: all groups, particularly marginalized populations, must have the right to access healthcare services through affordable health insurance schemes that reflect shared responsibility. This approach aligns with Ubuntu's view of healthcare as a communal good that benefits society as a whole.

Ubuntu and sustainability of health insurance models

Ubuntu's emphasis on intergenerational solidarity directly aligns with the concept of sustainability in health insurance. Sustainable health insurance systems should not only meet the current needs of the population but also ensure that future generations can access the same level of care. Sustainability is not solely about financial viability; it also encompasses social and moral obligations to future generations. In the context of Uganda, this means creating health insurance systems that are resilient, equitable, and long-lasting.

The principle of Ubuntu calls for participatory decision-making in the development and management of health insurance schemes. This allows for collective ownership, where communities actively contribute to and benefit from these systems. By involving communities in the design, implementation, and monitoring of health insurance policies, public trust is enhanced, and compliance becomes easier to maintain. Communities that feel a sense of ownership and responsibility are more likely to participate fully and contribute to the system's sustainability. Furthermore, such participatory practices can help identify context-specific challenges and solutions, enhancing the system's adaptability and ensuring its long-term success.

Ethical dilemmas and Ubuntu's insights

Ubuntu provides ethical clarity in addressing complex dilemmas, such as the allocation of resources between curative and preventive care or reconciling the role of the private sector within the broader goals of public health. Ubuntu advocates for prioritizing collective well-being over individual gain. In Uganda, this could mean making policy decisions that prioritize the health of the community over profit maximization, ensuring that public health goals remain central to the design and implementation of health insurance systems.

For instance, Ubuntu would advocate for expanding preventive health interventions (e.g., maternal care, immunization, and sanitation programs) through health insurance, as these serve the common good by reducing the overall burden of disease. Similarly, it challenges the growing reliance on the private sector for profit-driven health solutions, urging a more balanced approach that integrates both private and public resources while maintaining a focus on social justice.

Leveraging Ubuntu for policy transformation

Incorporating Ubuntu into Uganda's health insurance models offers a powerful ethical framework for achieving equitable, accessible, and sustainable healthcare. Ubuntu's core values—solidarity, social justice, and communal well-being—should guide policymakers to design health insurance systems that reflect the collective needs of society, not just the interests of the wealthy or urban populations.

Ubuntu's emphasis on redistributive justice calls for progressive policies that support the most vulnerable groups in society. For example, policies that provide subsidies for rural populations, women, and informal sector workers can help ensure universal access to healthcare. Furthermore, adopting participatory frameworks can strengthen the sense of ownership and accountability in health insurance schemes, empowering communities to take an active role in their healthcare system.

The ethical imperatives of Ubuntu encourage policymakers to align health insurance models with broader goals of social justice, ensuring that healthcare becomes a fundamental right for all. Through Ubuntu, Uganda can build a health system that resonates with its cultural and moral heritage, moving closer to achieving Universal Health Coverage that reflects the country's values of solidarity, inclusivity, and social responsibility.

1.5. Pathways to improving equity, access, and sustainability in Uganda's health insurance sector

To address the ethical challenges in Uganda's health insurance models and move towards achieving Universal Health Coverage (UHC), a strategic and multi-faceted approach is required. This approach must prioritize equity, access, and sustainability in health insurance systems. Below are actionable pathways to achieve these goals, grounded in the ethical principles of justice, autonomy, beneficence, and non-maleficence.

1.5.1. Implementation of Uganda's National Health Insurance Scheme for equitable and sustainable healthcare

The National Health Insurance Scheme (NHIS) is a critical initiative for promoting equitable healthcare access in Uganda. Accelerating its implementation is essential for addressing the disparities in healthcare delivery, especially for marginalized and underserved communities. Full and timely implementation of the NHIS would establish a more inclusive health system, ensuring that all citizens, including those in rural and economically disadvantaged areas, have access to essential health services (4). This would create a foundation for equitable healthcare, mitigating the inequities that persist due to limited access in certain regions.

Embedding Universal Health Coverage (UHC) within the NHIS framework is key to promoting equity. By mandating broad partici-

pation and establishing an expansive risk pool, the NHIS can distribute healthcare costs more evenly across the population (4). This approach upholds the ethical principle of justice, as it ensures healthcare access for all, regardless of geographic or socioeconomic status. Emphasis should be placed on including vulnerable populations in rural and low-income areas, where access to healthcare is most limited. Affordable and comprehensive coverage under the NHIS would ensure that no one is excluded from essential healthcare services, safeguarding the health of the most disadvantaged communities.

To enhance accessibility and inclusivity, the government should implement targeted subsidies for low-income populations within the NHIS. Progressive taxation mechanisms can help fund these subsidies (17,20), ensuring that wealthier segments of society contribute proportionately more to support the premiums of economically disadvantaged groups. This system aligns with the ethical principle of beneficence, as it reduces financial barriers and promotes overall well-being. Providing these subsidies would reduce the financial burden on low-income families, encouraging greater participation in the NHIS and ensuring that access to healthcare is not determined by income level (4). These measures would collectively strengthen the NHIS, contributing to a more equitable and sustainable healthcare system in Uganda.

1.5.2. *Strengthening Community-Based Health Insurance (CBHI)*

Community-Based Health Insurance (CBHI) is a critical mechanism for extending health coverage to informal sector workers and rural populations, who are frequently excluded from traditional health insurance models. CBHI schemes, rooted in community participation and solidarity, can play a pivotal role in reducing disparities in healthcare access (14). However, their effectiveness is often hindered by challenges such as low enrollment rates, limited risk pooling, and financial instability (14,15). Strengthening CBHI systems is essential to achieving equity and sustainability in Uganda's healthcare landscape.

The government should prioritize providing financial and technical support to enhance CBHI schemes. Specifically, financial backing would facilitate better risk pooling, ensuring that healthcare costs are more equitably distributed across members. Risk pooling not only enhances the sustainability of CBHI but also aligns with the principle of justice by minimizing financial inequities within the community. Technical support, such as training for administrators and the implementation of digital tools for management, can further strengthen the efficiency and credibility of CBHI initiatives. Evidence from Uganda and beyond highlights the importance of addressing barriers to enrollment, including affordability and trust in the system. For instance, Kakama *et al.* (14) underline the necessity of government intervention to bolster the credibility and appeal of CBHI.

Expanding CBHI schemes to underserved rural areas is crucial to bridging the urban-rural divide in healthcare access. Targeted measures such as mobile enrollment systems, community outreach programs, and the involvement of local health committees can significantly increase participation. These efforts will ensure that rural populations, often the most vulnerable, benefit from affordable and accessible healthcare services. Scaling CBHI in this way not only addresses ethical concerns about equity but also supports Uganda's broader goals of attaining Universal Health Coverage and enhancing health outcomes for the entire population.

1.5.3. *Enhancing regulatory frameworks for health Insurance*

Robust regulatory frameworks are crucial to ensuring that health insurance providers operate transparently, fairly, and ethically. These frameworks serve as the foundation for enforcing accountability, protecting consumers, and fostering equity within Uganda's health insurance system (3,32). Without strong regulations, the health insurance market risks becoming opaque and exploitative, further marginalizing vulnerable populations and undermining trust in healthcare financing mechanisms. Regulatory reforms must therefore prioritize

consumer protection, promote transparency, and ensure accountability to achieve a fair and equitable health insurance system (32).

To enhance transparency and accountability, private insurers should be mandated to provide comprehensive disclosures of policy terms, premiums, and coverage limitations (32). Clear communication of these details enables individuals to make informed decisions about their healthcare options, respecting their autonomy. Transparency is particularly critical in a market often characterized by complexity and information asymmetry, where consumers may struggle to understand the full implications of their insurance policies. Regulatory measures should also include mechanisms for routine audits and public reporting to reinforce accountability among insurers.

Furthermore, regulatory frameworks must include provisions to protect consumers from exploitative practices. Independent bodies should be established to handle grievances and oversee insurer compliance with ethical and operational standards. These bodies should be empowered to enforce punitive measures against practices such as hidden costs, discriminatory pricing, or arbitrary policy cancellations. By preventing harm to consumers, such regulations uphold the principle of non-maleficence and build trust in the health insurance system. Collectively, these measures ensure that health insurance providers contribute to an equitable, transparent, and consumer-focused healthcare financing landscape in Uganda.

1.5.4. *Promoting public awareness and health literacy*

Empowering the population through public awareness and health literacy is fundamental to increasing participation in health insurance systems and enabling informed decision-making. In Uganda, low levels of health insurance uptake are often attributed to a lack of understanding about the benefits and mechanisms of health insurance schemes (33). Addressing this gap through targeted education and accessible communication is critical to achieving equitable and sustainable health insurance coverage.

Public education campaigns should be implemented to raise awareness about the advantages of health insurance, particularly emphasizing programs such as the National Health Insurance Scheme (NHIS) and Community-Based Health Insurance (CBHI). These campaigns can utilize mass media, community outreach, and social networks to disseminate information about how health insurance works and the benefits of enrollment. By empowering individuals with knowledge, these initiatives uphold the principle of autonomy, ensuring that people can make informed choices about their health insurance options and actively participate in improving their health outcomes.

In addition, simplifying health insurance policy terms is essential to ensure that information is accessible to individuals across different literacy levels. Insurance providers should adopt user-friendly communication strategies, including the use of visual aids, infographics, and plain language, to convey complex policy details. Simplifying the language of policy documents reduces barriers to understanding and prevents individuals from being disadvantaged by unclear or overly technical terms (34). This approach aligns with the ethical principle of beneficence, as it minimizes harm and fosters a greater sense of trust and transparency in the health insurance system.

By prioritizing health literacy and public awareness, Uganda can enhance the effectiveness and inclusivity of its health insurance systems, ultimately supporting broader efforts to achieve Universal Health Coverage.

1.5.5. *Protecting data privacy*

With the increasing reliance on digital platforms for health insurance systems, ensuring the protection of personal health information has become a critical priority. As digital health records and insurance management systems become more integrated into Uganda's health-care infrastructure, safeguarding data privacy is essential to maintaining consumer trust and protecting vulnerable individuals from

potential harm (24). Strengthening data privacy protections and ensuring secure handling of health data is fundamental to upholding ethical standards in health insurance systems.

To effectively protect consumer data, Uganda must strengthen its legal frameworks surrounding data protection, specifically addressing the unique challenges of health data. The government should update existing data protection laws to incorporate robust provisions for health information, ensuring that all health insurance providers comply with established cybersecurity standards. Strict penalties should be enacted for breaches of confidentiality, including unauthorized access, sharing, or misuse of personal health data. These legal reforms should also mandate regular audits of health insurers' data protection practices and provide clear guidelines for consumers on their rights regarding data access and privacy. By implementing such measures, Uganda can ensure that health insurers prioritize the confidentiality of sensitive health information, thereby reducing the risk of harm to individuals due to data breaches or misuse. This approach aligns with the ethical principle of non-maleficence, as it prevents potential harm that could arise from unauthorized exposure of personal health data (23).

By strengthening legal frameworks and enforcing stringent cybersecurity standards, Uganda can foster a secure and trustworthy health insurance environment, ensuring that consumers feel confident in their participation in digital health systems. This commitment to data privacy will not only protect individuals but also contribute to the long-term sustainability and success of the health insurance sector in Uganda.

1.5.6. *Addressing gender inequities in health insurance access*

Gender disparities in health insurance access represent a significant barrier to achieving equitable healthcare in Uganda. To ensure inclusivity in the health insurance system, it is essential to develop targeted policies that specifically address the needs of women, particularly

those from marginalized communities (19). Tailoring health insurance products to meet the unique health requirements of women, such as maternal and reproductive health services, will contribute to closing the gender gap in healthcare access and improving overall health outcomes for women.

Designing health insurance plans that cover essential services for women, including prenatal care, childbirth, and postnatal services, is vital for addressing gender-based inequities in access. In addition, providing targeted subsidies for pregnant women, single mothers, and other vulnerable women, especially in rural areas, would make health insurance more accessible to these groups (19). By reducing the financial barriers that disproportionately affect women, this approach aligns with the ethical principle of justice, as it seeks to rectify the systemic challenges women face in accessing essential healthcare services. Ensuring that women can access the care they need will enhance their health outcomes and promote gender equality in Uganda's healthcare system.

1.5.7. Strengthening collaboration with stakeholders for health insurance reforms

Collaboration among key stakeholders —government, private sector, international organizations, and local communities— is vital for the success of health insurance reforms in Uganda. Effective partnerships ensure that health insurance schemes are not only well-resourced but also equitable and responsive to the diverse needs of the population (3,25). By fostering multi-stakeholder collaboration, Uganda can enhance the design, implementation, and monitoring of health insurance programs, aligning them with national priorities and global best practices.

Public-private partnerships help in leveraging resources, expertise, and innovation to scale health insurance programs (35). The private sector can contribute technological advancements and operational efficiency, while the government ensures regulation and over-

sight. Engaging communities in the design and monitoring of these schemes is essential to guarantee that they are tailored to local needs and grounded in the principles of fairness and equity. This participatory approach reflects the principle of justice, ensuring that all stakeholders, including marginalized groups, have a voice in the decision-making processes. Collaborative frameworks should prioritize inclusivity and transparency to strengthen public trust and program sustainability (24).

International organizations, such as World Health Organisation and the World Bank, also have a critical role in supporting Uganda's health insurance reforms. These organizations can provide financial resources, technical assistance, and capacity-building support to strengthen health insurance systems. Moreover, they can facilitate regional and global partnerships, allowing Uganda to benefit from the experiences of other countries in achieving Universal Health Coverage (UHC). This collaboration embodies the principle of beneficence, ensuring that Uganda's health insurance system evolves with guidance from global best practices and innovations. Through these coordinated efforts, Uganda can achieve a more sustainable, equitable, and inclusive health insurance system.

1.5.8. *Enhancing governance and combating corruption*

To improve the equity, access, and sustainability of Uganda's health insurance models, it is imperative to strengthen governance and combat corruption within the health sector (35). Governance, defined as the effective management of health systems through accountability, transparency, and participation, is a cornerstone of equitable and sustainable health insurance systems. Corruption, on the other hand, undermines these principles, distorting resource allocation, inflating costs, and eroding public trust in health institutions.

Strengthening governance involves implementing robust regulatory frameworks to ensure the efficient use of resources, fostering accountability in both public and private health insurance providers,

and enhancing oversight mechanisms to monitor service delivery. Transparent procurement processes, coupled with stringent anti-corruption policies, can prevent the misuse of funds and ensure that financial resources are directed towards expanding health insurance coverage and improving service quality (35).

Moreover, targeted efforts to combat corruption in Uganda's health sector can address inefficiencies such as fraudulent claims, overbilling, and informal payments, which disproportionately affect vulnerable populations. By leveraging digital health systems and auditing tools, stakeholders can reduce the opacity in financial transactions, thereby promoting transparency and trust among beneficiaries.

Improving governance and combating corruption not only ensure that health insurance models operate effectively but also enhance the capacity to deliver equitable and accessible healthcare services across socio-economic strata. These reforms are essential to building a sustainable health insurance system that meets the needs of Uganda's population while safeguarding public resources.

1.6. *Final conclusion*

The health insurance sector in Uganda presents both opportunities and challenges as the country strives to achieve universal health coverage. While current models—such as private insurance, community-based health insurance (CBHI), and emerging public initiatives like the National Health Insurance Scheme (NHIS)—have laid a foundation, systemic inequities, affordability barriers, and regulatory gaps persist. These issues raise significant ethical concerns that must be addressed to ensure equity, access, and sustainability.

Applying ethical frameworks such as the Four Principles of Bioethics, a Human Rights-Based Approach (HRBA), Public Health Ethics, and Ubuntu Moral Frameworks provides a structured approach to understanding and addressing these challenges. By emphasizing justice, autonomy, beneficence, and non-maleficence, Uganda can design a health insurance system that prioritizes inclusivity and fairness.

To advance progress, the country should accelerate the implementation of NHIS, strengthen CBHI schemes, enhance regulatory frameworks, and promote public awareness. Safeguarding data privacy, addressing gender inequities, and fostering collaboration among stakeholders will also be critical. These pathways, guided by ethical principles and supported by strong political commitment, have the potential to transform Uganda's health insurance sector into a more equitable, accessible, and sustainable system.

However, the time to act is now. Delays in reforming health insurance risk exacerbating inequalities and undermining progress toward universal health coverage. Policymakers must prioritize the enactment and enforcement of comprehensive policies that ensure equitable access to healthcare for all Ugandans. Additionally, researchers should continue to generate evidence-based insights to inform ethical and effective reforms. The international community also has a crucial role to play in supporting Uganda's efforts through financial assistance, technical expertise, and the sharing of best practices. Achieving an inclusive health insurance system is not only a policy objective but a fundamental human rights issue that requires immediate and sustained commitment.

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