

Facilitation of the Development of Healthcare in Uganda

Health is a complex issue and there is no simple solution to taking care of the health needs of any nation. Uganda has a population approaching 30,000,000, with over 50% of people below the age of fifteen. The prevalent diseases are not the degenerative diseases, which mainly affect developed countries, but infectious diseases and diseases such as cancer which now affect people at a younger age because of the influence of HIV on other disease patterns. This is not to say that Ugandans do not suffer from 'western' conditions such as heart disease, strokes and arthritis, but relatively fewer of the population grow old enough to be at risk.

There is no doubt that the government health policy should focus on the large preventable problems which affect the health of the population. Hence water and sanitation are big issues and a major effort has been spent in drilling boreholes and providing clean water. Immunisations are another area where killer diseases such as measles can be prevented and both government and NGOs can collaborate on ensuring that vaccination coverage reaches sufficient levels as to provide herd immunity.

Recently policy makers have taken up the evidence that treated bed-nets significantly reduce infant mortality due to malaria and many districts have campaigns to ensure that bed-nets are provided, either free, or at a subsidised price.

The treatment of malaria itself is neither cheap nor simple, as is often perceived. In order to diagnose malaria accurately the laboratory must have the appropriate microscope and stains and the technician should be competent and well trained in the recognition of malaria parasites. The cost of treatment for malaria is now high, since malaria is universally resistant to chloroquine and needs a combination artemether based treatment. If a child has severe malaria, he will also have anaemia and may need blood transfusion. This requires the ability to carry out a haemoglobin analysis, blood screening, and grouping and cross matching, all of which requires a good laboratory and a competent laboratory technician.

Maternal mortality is very high in Uganda - due in large part to difficulties in logistics and infrastructure – women often attend antenatal clinics, but deliver at home, or delay coming to a medical facility until it is too late. Many of the medical facilities are also poorly staffed and equipped, so that they cannot handle emergency deliveries and delay the patient even further, until they are sent to a district hospital when it is often too late.

When I first came to Uganda I had no more than a box of drugs and my stethoscope and patients lined up under a tree for treatment. However I rapidly discovered that many of these cases required hospital, or laboratory facilities and some required referral to tertiary care centres. Primary health care is only relevant if it is carried out with a sufficient referral base.

The emphasis of IMF working through IMG is not only to provide the primary healthcare in the form of preventive healthcare, such as immunisations and the distribution of

mosquito nets, but to have the necessary referral facility, such as a laboratory and theatre facilities. Another goal is to ensure that standards are implemented and upheld. This requires competent well trained personnel and appropriate well maintained equipment. It is for this reason that IMG is involved in medical and nurse training, including quality assurance and medical management and building the capacity to fill the gaps at both secondary and tertiary levels.

In practical terms, this may mean the building of a theatre and laboratory, at health centre level, or pioneering procedures such as the carrying out of open heart surgery, at tertiary level. It is possible to diagnose a hole in the heart by listening to a child with a stethoscope at a clinic held under a tree, but then what? Many of the conditions picked up at a primary level require complex interventions? Some organisations have responded by taking such cases abroad for treatment and while this is wonderful for the individual case, it does nothing to increase capacity within the country. When we invest in carrying out such treatment within Uganda, we are building local capacity and having many other positive knock-on effects as a result, such as stimulating the Ministry of Health to improve tertiary facilities at the main government teaching hospital.

Many Ugandan medical professionals have either left the country, or will leave, because of lack of adequate facilities for training and gaining experience. This brain drain has a serious impact on the ratio of doctors to the population, but one cannot blame them if they cannot obtain sufficient experience within Uganda. Undertaking such high level procedures, such as heart surgery within Uganda brings back hope to many medical professionals that there will be more medical development in the future.

IMF and IMG are about facilitation – facilitating the individual patient to access appropriate treatment, facilitating the medical professional to provide that treatment at correct standards and facilitating the building of capacity and closing the gaps within the healthcare profession in Uganda.

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