

HEALTH SERVICES

V. Kyaruzi and Ruckia Hamisi

Roots of Current Problems

1. This paper gives a general picture of the health services in Uganda including their performance and problems during the past eight years, and assesses manpower and financial needs for immediate rehabilitation. The paper is based on written and verbal information provided by officials of the Ministry of Health and the Medical School of Makerere University, and also on information gathered during visits and discussions with officials of hospitals in Masaka, Mbarara, Kabale and Hojo.

2. As in all emergencies, after the war and widespread looting, Uganda suffered a disruption of communications and displacement of personnel, with the result that the situation prevailing in each part of the country is not definitely known. The telephone system has been disrupted - Entebbe, as mentioned in the Preface, is cut off from Kampala, and the people whose job it would be to assess the situation had their homes destroyed and are not back at work.

3. Looting reported at Kampala, Masaka and Mbarara appears to have been general - beds, blankets, sheets and medicine were taken - offices were stripped of furniture and telephones - files and records were destroyed, books torn or taken away - doors smashed and although the hospitals (at least those visited) were not bombed, the looters blew the safes open and caused structural damage to buildings. All the hospitals which were looted had their stores extensively damaged. So the need to have these stores repaired before new equipment arrives is of top priority.

4. The health services in Uganda are provided through:

Government	46 hospitals	8,112 beds
Missionary	26 hospitals	3,215 beds
Industry	3 hospitals	284 beds
Private	1 hospital	30 beds

In addition there are 102 government health centres, 59 dispensaries and 270 health units run by local authorities.

5. The services have suffered during the last eight years, not because of lack of budget provision, but because of foreign exchange difficulties and the exodus of skilled and experienced doctors. Up to 1975 the Central Medical Stores at Entebbe had no difficulty at all with foreign exchange, as indents were accepted by the Crown Agents on credit. However, from 1975, because of accumulated debts, credit facilities were suspended and all purchases had to be paid by cash. As a result the indents for 1977/78 were never accepted; and for the year 1978/79 no indent was prepared in the absence of any assurance that the necessary foreign exchange would be forthcoming.

6. As a result of the declining standard in health services various diseases have become prevalent. Whereas in 1970 malaria was the number one disease, this is now second to measles. Skin diseases, respiratory diseases, rabies, sleeping sickness and infectious diseases have steadily increased, whilst death rates have risen.

7. There are clear countrywide needs for funds and manpower for the Ministry of Health, and for Mulago Hospital with its responsibility for teaching and carrying out research. If the existing situation is to be prevented from deteriorating further, urgent action is required.

The Task Ahead

8. The rehabilitation of health services will involve repair and renovation of damaged hospitals and residential buildings. It will also involve construction of new storage facilities at Entebbe, Masaka, Mbarara, Gulu and Mbale. The replacement of

furniture and damaged equipment is essential and adequate supplies of drugs and other medical accessories including vehicles will have to be made available in sufficient quantities.

9. In 1970, according to the information given by the Ministry of Health, there were about 1,650 doctors in Uganda. By the middle of June, 1979, this figure was reduced to 620, with the major depletion of doctors having taken place in missionary rather than government hospitals. There are now some 191 key vacancies in the Ministry and Mulago Hospital. If these posts are to be filled, apart from the possibility of getting assistance from bilateral and international agencies, concerted efforts will have to be made to attract some, if not all, of the Ugandan doctors now working outside Uganda - estimated to number 124.

#### Policies and Resources Needed

10. Soon after the war, the Ministry of Health set up six committees to look into the various aspects of rehabilitating health services throughout the country. However, at the time of writing this report, most of these committees had not completed their work, so it has not been possible to incorporate their findings and recommendations here, except on a few issues which require urgent action. It is, however, hoped that when they have completed their work, a realistic assessment of the entire country's needs and resource requirements will be made. The remaining part of this report gives details, therefore, of the financial and manpower requirements for items of expenditure we consider vital in the course of the next financial year 1979/80.

11. Details of the estimated financial requirements for the year 1979/80 are shown in Annex 22.1. The programme of expenditure will involve a total sum of Shs. 305.7 m. of which Shs. 265.9 m. will be in foreign exchange.

12. We obtained a list of manpower requirements from the Ministry and after critical scrutiny and discussion with them, we recommend that of their proposals, the following posts be accorded priority.

- One Health Economist:

It is felt that the current disruption offers a golden opportunity for relief work to merge smoothly with general development in the health field. The planning unit is being put together. The director has been appointed and the Economist is needed to get the unit moving.

(WHO has been approached for this post).

- One Senior Pharmacist.

- One Stores Manager and Purchasing Officer:

During the current emergency and before stores start coming this officer is urgently required to give the department a good start. Without this officer the present staff will be too hard pressed to cope with the situation.

(The British High Commissioner in Uganda has been approached for assistance on this post).

- One Chief Medical Entomologist.

- One Medical Entomologist:

With emphasis on public health, vector control is considered very important, particularly for and during the preparation of the health plan.

- One Audio Visual Technician:  
With the community demoralised by the last eight years, the Ministry feels an urgent need to reach people through Radio and TV.
- One Medical Pharmacologist:  
Work on local plants should not be allowed to lapse. Although the post is of low priority for rehabilitation, still the work to be done is considered urgent.
- One Public Health Engineer.
- One Hospital Administrator:  
Mulago Hospital (1,547 beds) has deteriorated very badly and needs an experienced administrator to put it back into shape, particularly at this time when rehabilitation is on the way.  
(The Crown Agents have been approached about this post).

13. The manpower needs at Mulago are staggering and it is indeed remarkable that the present staff have kept the hospital going in spite of these deficiencies. With the exception of administration, few departments are at reasonable strength. In the Anatomy Department, for example, there are two anatomists out of the establishment of nine. For the Anaesthesia Department there is only one anaesthetist out of the establishment of eight - an alarming situation. As in all 'developing' countries, shortages are not unusual, but in the case of Mulago Hospital some departments are so depleted that the mere maintenance of the service, let alone teaching, is threatened. The following posts are considered top priorities:

- Two Pharmacologists - they have none on the staff.  
(One scholarship has been sought from CFTC and a qualified candidate is available).
- Two Anaesthetists - see above.
- One Orthopaedic Surgeon (two posts are filled out of ten).
- One Microbiologist (one post filled out of fifteen).
- One Biochemist (one post filled out of thirteen).
- Two Dieticians - they have none.
- One Medical Equipment Maintenance Engineer.

14. Even if these posts were to be filled, the needs would still be great - but it is felt their recruitment would revitalise the morale of both staff and students and prevent collapse. With these 10 posts filled, the deficiency still would stand at 181. It is stressed that with the exception of dieticians, these are all established posts with financial provisions in both the Ministry and Medical School budgets. Topping up of salaries would make them attractive and ease recruitment.

15. Recruitment for these posts, few as they are, will not be easy in view of the general shortage of such qualified people - hence the recommendation that the medical faculty be granted a fund of Shs. 1.5 m. for some years to come to enable it to invite visiting professors and lecturers from outside, as and when they become available. Mulago can also make use of the existing machinery whereby the consultants at Nairobi,

Dar-es-Salaam and Lusaka can be employed through the Regional Commonwealth Health Secretariat at Arusha.

16. As in the case of the Ministry the main cause of the difficulties at Mulago has been lack of foreign exchange - the library, laboratories and the hospital itself have suffered. The standard of teaching however has remained good in spite of the shortage of staff. External examiners have come from abroad (under the military regime those from traditional sources could not come), and the reports have been remarkably good. Although some Ugandan exiles are coming back, the University because of the salary scales, has some apprehension about getting them all or being able to recruit more.

17. Anyone who has seen some of the damage to the health services must fear that outside help might not be available quickly enough and in sufficient quantity to meet the expectations of the people. The Government will find it difficult to fund all the emergency needs it faces. Detailed planning for rehabilitation is bound to take time, and meanwhile deterioration will continue. In the circumstances, it will be necessary to get some minor but important work done locally at little expense in order to get some services started, e.g. the Government could provide imported materials with the community providing labour and some local materials. This could be one method of expediting recovery and revitalising morale which had sunk very low during the military regime.

#### External Assistance

18. The Red Cross is already in the field and some Catholic organisations have given help. The distribution of aid independent of Government is however causing concern. The authorities need to know who is giving what and to whom, thus ensuring equitable distribution both now and when more supplies become available.

19. The UNDP Resident Representative is already in Kampala. Among the United Nations agencies, WHO and UNICEF have so far been active. WHO has been involved in the programme for cholera which started before the crisis, but is now reported to be under control.

20. UNICEF has provided Shs. 18.8 m. for maternal and child health kits to equip 300 health centres. They are also to restore 7,400 water boreholes, and water pumps in Kampala. An audio-visual technician is to arrive in the country very soon. In addition, they are sending a consultant to prepare a primary health care programme for the next three years.

21. DANIDA has offered to finance the Paramedical College and the Dental unit at Mulago. The British Government has offered some grants and the Crown Agents' experts in different fields are currently assessing not only immediate relief needs but also the rehabilitation of Mulago Hospital. (Their report should be useful to Government in seeking support). Some equipment has been ordered and as aid starts moving, other donors, both actual and potential, can be informed of the items received and expected. Currently, Norway is examining the rehabilitation of Masaka and Mbarara Hospitals.

22. The need for coordination is not only obvious but also vital if rehabilitation is to succeed. Furthermore, without coordination, too much of one needed item may cause storage problems and wastage which discourages the would-be donors. Moreover, one area of the country could have too big a share of the cake which would cause political problems. Effective machinery is urgently needed to coordinate the entire rehabilitation and reconstruction programme.

23. Although a number of voluntary and international agencies and a number of foreign governments are actively assisting the new Uganda Government to rehabilitate its health services, the gap between needs and resources is still wide. If these needs are to be realised, external assistance in the form of manpower and finance to fund basic operational needs is vital.

\* Health: Summary of Estimated Financial Requirements  
for Priority Items of Expenditure during the  
Financial Year 1979/80.

<u>ITEM OF EXPENDITURE</u>	1979/80 (Shs. m.)	
	<u>Total Cost</u>	<u>Foreign Exchange</u>
1. Repair and Renovation of hospital buildings	70.4	52.8
2. ** Prefabricated Houses (121 units)	36.3	27.2
3. Central Medical Stores Entebbe	6.0	4.5
4. Regional Medical Stores (Masaka, Mbarara, Gulu & Mbale)	10.5	7.9
5. Vehicles	30.0	30.0
6. Hospital and Medical Equipment		
(i) Ministry	10.5	10.5
(ii) Mulago Hospital (Cardiac and Neuro-surgical units)	25.0	25.0
7. Drugs and Sundries	80.0	80.0
8. Teaching Materials	1.0	1.0
9. Mulago Hospital Radiotherapy Unit	36.0	27.0
TOTAL	<u>305.7</u>	<u>265.9</u>

\* Source of Data - Ministry of Health

\*\* The total number of 121 prefabricated units will be put up in the following areas:-

Mulago Hospital	(20)	Butabika Hospital	(20)
Bundibugyo Hospital	( 3)	Masindi	( 3)
Kapchorwa	( 3)	Hoima	( 5)
Fort Portal	(10)	Masaka	(20)
Mbarara	(20)		