ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

In 2008 Dr Jim Kim of the world bank and Dr Paul Farmer of Harvard university described surgery as the neglected stepchild of glob
global health organisations have committed to curing communicable diseases such as malaria and HIV surgery has often been avoi
agendas and dismissed as too expensive an intervention. However in 2015 a lancet comission of international surgeons, anaestheti
economists presented a report that clearly debunked this myth. The lancet comission showed irrefutably that the international comm
requirement for the provision of safe surgical care worldwide. It was found that -

The sub Saharan country of Uganda is one of the countries that the lancet report made clear would greatly benefit from increased su
people the majority of which living below the poverty line it is a country with a great unmet need. In kisizi hospital in Southwest Ugar
for the months of March and April. over the two months there were 254 admissions to the surgical ward (126 in March and 128 in Ap
were minor surgical procedures and around 1/3 were major procedures which I shall focus on in this report.

The In 2015 there were over 10,000 road traffic accident patients in Uganda, comprising much of the surgical need in the country. F
surgical ward in Kisizi hospital in the south of Uganda, the most frequent presentation of patients to the surgical ward was trauma, w
injury over March/April and 30/16 fractures over the same two months. This finding reflects the surgical need in the rest of Uganda, t
accident patients presenting to hospital per year in Uganda and a significant proportion of the trauma cases in Kisizi were a result of
addition a country where the majority of food is cooked on open fires the number of burns victims (in particular children) has been no
alone.

In Uganda the demand for surgical care far outweighs the supply. In the southwestern region of Uganda in which I have been based
This number of people are served by 72 hospitals of which only 29 can provide major surgery (major surgery defined as any surgery
anaesthesia).

Government hospitals make up 16 of these 29 hospitals - 9 district hospitals, 3 referral hospitals and 4 Health centre 4s. There are 4
meant to provide major surgery however it has been found that only 4 do so, with 11 providing minor surgery and the rest no surgica
NGO/ mission hospitals such as Kisizi which is funded by the Church of Uganda and runs with assistance from charitable donations

Though user fees were abolished in Uganda in 2001 making government hospitals free due to poor resources and limited stock >50
still comes from the patients pocket as they must source their own medications and travel to find acceptable care. As such Kisizi, tho
significant proportion of patients as they keep costs low and have established a health insurance scheme in an attempt to curb some
by families who find themselves in need of medical care.

Thecharitable provision of surgical care currently exists under 4 models, the short term surgical trip undertaken by visiting specialists
free standing specialised surgical hospitals and such as in Kisizi dedicated surgical wards with an ever changing team of local and v
have experienced all of these models except the free standing mobile units. Whilst in Kisizi visiting UK teams have set up 'camps' - c
involves taking over an operating theatre for a week and providing planned surgical care for those who have been identified by Kisiz
southwestern Uganda to be seen by the visiting team. Free standing specialist surgical hospitals such as the cure hospital in Mbala
centre that gains its funding from providing private adult orthopaedic care and uses the profits for its free paediatric centre. In genera
by a consultant surgeon who works on a cases, paediatric to adult orthopaedic to plastics. The team is boosted by the addition of vis
weeks to months depending on the time they have.

Having only one full time consultant surgeon is not unusual, In southwestern Uganda a major challenge to the provision of safe surg
surgeons (0.7/100,000) and 62 Medical Officers (the equivalent of an SHO) who provide routine surgery such as Caesarean section
to do this. In comparison England has 6260 surgeons and 1506 Obstetricians serving a population of 65.14 million and a National he
care is free for all at point of access. In Rwanda there is also a deficit of surgeons but far greater expenditure in surgical care meani
different.

This deficit of surgeons In Uganda does not show signs of changing anytime soon, Currently only around 10 trainees complete postg
the country. The low uptake of surgical trainees has been attributed to a perceived poor work/life balance in surgery, a concern for in
perhaps most importantly, the temptation of better and more lucrative surgical training programmes abroad in countries such as the
medical officers in the Surgical wards I found a common concern for the additional cost of postgraduate surgical training (in Uganda
university for a further qualification) when more financially lucrative alternatives could be found.

As a means of countering this deficit Uganda has now introduced clinical officers. Non-clinician physicians who are specially trained
gaining a full medical degree to address the current shortage. This is similar to the introduction of physicians associates in the UK, a
to undertake some but not all of the duties of a doctor. Whilst the need for this task shifting is apparent in Uganda I am unsure as the
associates in the UK where there are ample resources to train more doctors and many with the financial backing to do so.

in addition to workforce challenges there is the major challenge of inadequate basic infrastructure in Uganda. Surgery cannot be pe
water, power and medications such as ketamine (the induction agent of choice in the majority of sub Saharan African countries). Sto
despite water supply and entire wards being water free for a number of days in Government hospitals are commonplace. Even in Kis
reduced to copious amounts of alcoholic hand gel and reusable scrub caps are used in places of disposable face masks when supp

I have touched already upon the cost of medical care in Uganda. Though technically free at government hospitals, much surgical ca
such patients must travel to private/ mission hospitals for care. This can lead to catastrophic expenditure on behalf of he patient or fa
with the loss of earnings of the sick patient whilst they are recouperating, the loss of earnings of the family member who must act as
transport costs can often be too much to bear.

For this reason often patients do not present to hospital until late. This delayed presentation can complicate many would've routine p
and appendicitis patients who can present with full blown peritonitis after delaying seeking medical attention.

Bibliography - all statistics WHO global health observatory country statistics who.int/gho/data/node.county.country-UGA
Uganda ministry of health www.health.go.ug

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