A. Clarke.

OBS + GYNAE

Our Lady of Consolata Kisubi Hospital, Uganda: Elective Report 2013

Andrew Clarke *(Barts and The London School of Medicine and Dentistry)*

1. What is the structure of the Health Care System in Uganda?

Taking its name from the Buganda Kingdom, Uganda is a beautiful country in the east of Africa with a population of 33,425,000 people [See figure 1 below].

Statistics	
Total population	33,425,000
Gross national income per capita (PPP international $)	1,310
Life expectancy at birth m/f (years)	54/57
Probability of dying under five (per 1 000 live births)	90
Probability of dying between 15 and 60 years m/f (per 1 000 population)	410/363
Total expenditure on health per capita (Intl $, 2011)	128
Total expenditure on health as % of GDP (2011)	9.5

Figure 1 – WHO Statistics (2009)

The healthcare system in Uganda is a combination of public and private provision, comprising government health centres, private hospitals and private not-for profit (faith based) hospitals. There is also a large traditional/complementary based practice within the country with many people using traditional healers as an alternative to western medicine. Below is a brief dissection of the government health care system for which user fees were eliminated in 2001, a discussion of the workings of 'Our Lady of Consolata Kisubi Hospital' (a faith based, private i.e. 'non-government', not-for-profit hospital) and a personal reflection please see objective 2 onwards.

The government system has many levels that work on a referral based system. The first point of contact for a patient living in a rural area would be the Community Medicine Distributor or a member of the 'Village Health Team' who can offer simple health care advice and refer patients to higher levels of the system. According to the Ugandan Government's Health Care Policy every parish should have a 'Health Centre II' facility run by nurses and midwives able to provide anti-malarial drugs and simple medicines as well as offering antenatal care. For every sub-county there should be a 'Health Centre III' facility. This facility is predominantly staffed by clinical officers and should have access to a basic laboratory. 'Health Centre IV' facilities ("mini-hospitals") serve a county and should have general medical wards for adults and children that are able to admit

patients, and may have an operating theatre. It is at this level that a patient may be able to see a doctor. Each district should have at least one Hospital (Grade V) offering all of the services of Grade IV Health Centre's with additionally specialist clinics.

At the top of the health care system there are the three national referral hospitals the largest of which is Mulago Hospital in Kampala.

2. **What facilities are available at Kisubi Hospital and how does this compare to a standard National Health Service Hospital within the United Kingdom? Does the availability of resources have an impact on patient care?**

Kisubi Hospital is a private, non-profit hospital in the Wakiso District lying between Entebbe and the capital city of Kampala which provides a number of services to the local community including General Adult, Paediatric, Maternity, Gynaecology, Dental, and Physiotherapy services. It also has a 24 hour Outpatient Department which also operates specialist HIV, TB, Diabetes, Hypertension and Dermatology clinics. There is a small (rather old) operating theatre which is due to be relocated during our visit to a new building on the hospital site. The Multidisciplinary Team at Kisubi comprises 6 Doctors, 15 clinical officers, 80 nursing staff, as well as 30 administrative and support staff.

When comparing Kisubi to standard district general hospital in the UK the most striking feature is the massively reduced number of Doctors. In Uganda the ratio of Doctors to patients is approximately 1:24,000 with their service being partially supplemented by clinical officers that draw slight comparison with the role of the Nurse practitioner in the UK. One implication of the reduced number of working doctors is that they are often required to take on more responsibility than would be typical of an NHS doctor. The normal working day often consists of a morning ward round, followed by outpatient clinic, and an additional emergency theatre session if required, whilst always remaining responsible for patients sitting on the ward. The amount of night duty allocated per doctor is also significantly more than a similar grade doctor in an NHS hospital. A major bonus to this is that it is incredibly easy to amass a large amount of clinical experience in a relatively short time working in Kisubi Hospital.

There is a greatly reduced spectrum of investigations available to the doctor in Kisubi. There are no fancy laboratory tests, CT or MRI scanners. Instead there is a reliance on clinical acumen supplemented by simple laboratory, ultrasound and plain x-ray studies. However, there is sometimes a difficulty with access to these investigations whether due to technological failure or when a patient is unable to afford a particular test(s). It is not unusual in the outpatient clinic to have to decide between tests and arrive at the most important, because the patient is only able to afford one. One example of where this was particularly troublesome was the management of suspected diabetic ketoacidosis in a young child. In comparison with the management of this condition in the UK where therapy can be carefully titrated to regular biochemical testing it was necessary to rely solely on the results of one set of electrolyte readings per 24 hours. Inevitably the parents were forced to self-discharge the child against medical advice due to financial restraints.

In addition to financial factors there are also some cultural barriers to healthcare in existence at Kisubi. For example, it appears unusual for a doctor to obtain consent to perform a lumbar puncture on a child with suspected neurological infection due to a common fear that such procedure would cause infertility or make the disease process much worse.

3. **What are the prevalent diseases at Kisubi Hospital. How does this compare with the United Kingdom?**

Communicable disease remains the leading cause of mortality in Uganda with Malaria, TB, HIV/AIDS, acute lower respiratory tract infections and diarrhoeal disease accounting for much of the disease burden.

The importance of HIV cannot be underestimated and it attracts much funding globally. Throughout the major roads billboards, advocating abstinence and condoms to prevent transmission of the virus, are widespread.

Child immunisation regimens are actively enforced and free of charge for all patients.

Malaria is endemic in this part of the world and I learnt the importance of always suspecting malaria in any febrile patient. Especially with those presenting with vague generalized weakness. It was extremely common for children to present with signs and symptoms of otitis media, gastroenteritis or urinary tract infection and to also have a demonstrable parasitaemia requiring anti-malarial therapy. Additionally it was also commonplace to find minor dermatological infections on examination of babies and young children for which the parents had mistaken as mosquito bites.

Although it was exciting to be faced with the challenge of tropical diagnoses many of the patients at Kisubi Hospital outpatients department present with similar conditions seen commonly in the United Kingdom such as asthma, diabetes, and hypertension. The difference here lies not in the pathological process of disease but how best to manage these patients in this healthcare setting. Challenges exist with patients having to pay for their own treatment, and the diagnosis of a chronic condition is often financially crippling.

4. **How will the experience at Kisubi Hospital affect ones future practice?**

Working at Kisubi hospital for a short 5 weeks has been an eye opening and exciting experience. I have been involved with the care of patients suffering from a wide range of pathology, some of which not seen in the UK. I have also had a fantastic exposure to operative procedures and have relished the opportunity to assist in a large number of cases. Nevertheless, there have been some unavoidable difficulties, most notably watching parents withdraw their sick child from treatment due to concerns about the cost. On reflection, it is all too easy to sometimes take for granted the NHS in the UK. It is a comprehensive, free-at-the-point-of-care-service that offers high quality healthcare for all patients. My Ugandan experience will always stay with me, and in my future practice I will find it difficult to complain about the provision of healthcare in the UK knowing how truly lucky we are. However, the doctors at Kisubi have taught me to trust my clinical judgment and that it is not always necessary to perform a "routine" battery of tests when they are not specifically indicated. They have also taught me what it truly means to be a doctor – to do ones best for ones patients, within ones means.

Whilst here I have also had the opportunity to explore this beautiful country and have made breathtaking trips to Murchison falls, the Sesse Islands and have even braved the white water of the River Nile at Jinja.

References

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