

UGANDA HEALTH CARE SYSTEM

Objectives

- Define a Health System
- Describe how Ugandan Health care System is organized
- Outline facts and figures of health care in Uganda
- Describe the major health sector reforms
- List the challenges

What is a Health System

- A health system is taken to include “all activities whose primary purpose is to promote, restore or maintain Health”
- This definition encompasses Health actions and Non-Health actions within and outside the Health Sector that lead to desired health results.

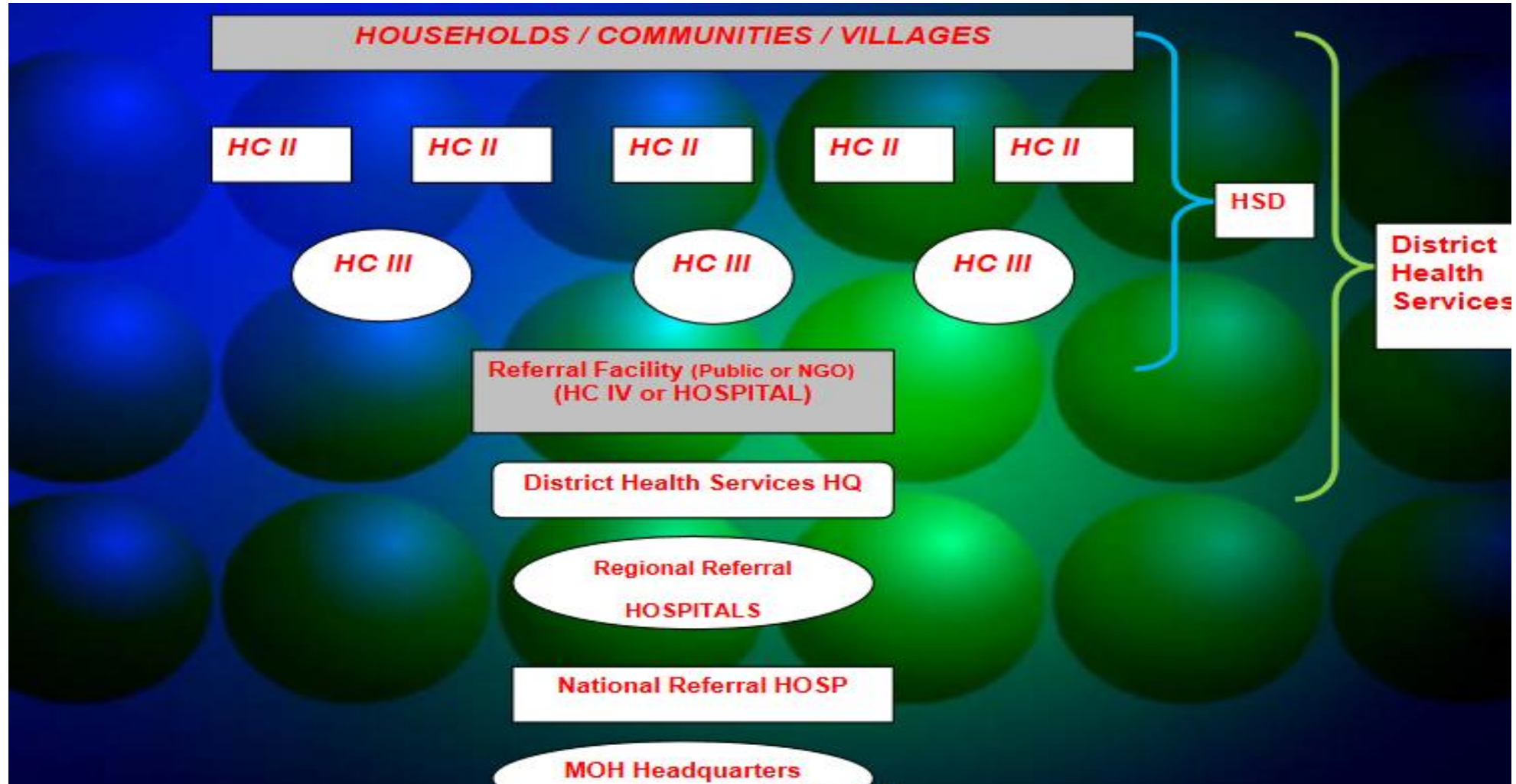
Health Care Organizations in Uganda

- Public Sector
- Private Not For Profit (Faith Based)
- Private Medical Practice
- Traditional and Complementary
 - ✓ Herbal medicine
 - ✓ Traditional Birth Attendants
 - ✓ Bone Setters
 - ✓ Spiritual Healers
- Community health workers/promoters/drug peddlers

Health Care Delivery in Uganda

- Health care delivery is done through a decentralized framework.
- The District health structure is responsible for all structures in the district except the Regional Referral Hospitals where they exist.
- The Central government over sees the RRHs and the NRHs
- The ministry of health is headed by a minister and the permanent secretary who is the technical officer at the ministry

Structure



Uganda Health system cont

- **Village health teams/community medicine distributors**

- The first contact for someone living in a rural area would be a medicine distributor or a member of a village health team (VHT).
- Each village is supposed to have these volunteers using bicycles.
- They still have no medicine, but they can advise patients and refer them to health centres.

- **Health centre II**

- According to the Ugandan government's health policy, every parish is supposed to have one of these centres.
- A health centre II facility, serving a few thousand people, should be able to treat common diseases like malaria.
- It is supposed to be led by an enrolled nurse, working with a midwife, It runs an out-patient clinic, treating common diseases and offering antenatal care.

- **Health centre III**

- This facility should be found in every sub-county in Uganda.
- These centres should have about 18 staff, led by a senior clinical officer, It should also have a functioning laboratory.

- **Health centre IV/ District Hospital**

- This level of health facility serves a county. In addition to services found at health centre III, it should have wards for men, women, and children and should be able to admit patients.
- It should have a senior medical officer and another doctor as well as a theatre for carrying out emergency operations.

- **Regional Referral Hospital (RRH)**

- There are 10 RRH which should have all the services offered at a health centre IV, plus specialised clinics– such as those for mental health and dentistry– and consultant physicians.

- **National Referral and Teaching Hospital**

- At the top of the healthcare chain is the national referral hospital.
- This is where some of the best medical brains can be found, often working part-time at private clinics to supplement their meagre government salaries

The Health sector reforms

- Decentralization
- Abolition of user fee.
- Government partnering with Private not for profit organizations.
- Working with private health care providers.
- Encourage the autonomy of public Hospitals.
- Planning and resource allocation system (bottom-up Vs Top-down practice).

- Human resource management
 - Retrenchment
 - Pay reforms
 - Transparent remuneration structures
 - Decentralized human resource management

Challenges to the Uganda health care system

- Poverty
- Unreliability of community involvement
- Gov't denial of responsibility of services provision.
- Limited local resources
- poor infrastructure
- High level of illiteracy.
- Unequal opportunities/inequality
- Dependency
- Sustainability is poor

- The Global Human Resource crisis hits Uganda hard
- Leadership, Management and Specialization are in short supply at all levels of health care.
- A low Health Sector budget leaves many interventions unfulfilled
- Investment in training is low.
- Recruitment and retaining of staff is poor
- Deployment of staff is difficult
- migration of health workers is on the rise
- demoralization due to work overload is common.
- Restrictions on recruitment and low salary packages

