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Uganda, the training field for doctors sought after abroad

Brain drain. Uganda loses a number of health workers to other countries due to the poor state of the country's health care system that is characterised by low pay and a general lack of attendant facilities, writes *Sunday Monitor*'s **Ivan Okuda.**

Uganda is a nursery bed for medical training as other countries reap the fruits from the transplant.

One such beneficiary is Bostwana, a landlocked country in southern Africa with its government operating 98 per cent of all medical facilities.

The World Bank puts Botswana's GDP per capita as of 2016 at $6,788 (about Shs24m) for a population of 2.5 million.

Dr Solomon Atyam was born in January 1988 in Lira District. His story is a mirror of what is wrong with Uganda's reward system for doctors, but also a reflection of what is possible in Africa, when governments sufficiently motivates the health sector.

Leaving Makerere University in 2013, Dr Atyam emerged from the gates of the medical school to a radiant rainbow of possibilities of saving the lives of his countrymen and women in return for a favour of a meritorious free government sponsorship scheme for Senior Six leavers that had given him chance to study the course of his dreams.

Dr Atyam then started medical practice by returning to his roots, first working as an intern at Lira Regional Referral Hospital before crossing to Arua Rhino Camp Refugee Settlement under the Medical Teams International's South Sudan Emergency Refugee Crisis Response.

Under the project, Dr Atyam was mandated to provide basic care, screening, primary healthcare and preventive medicine to the refugees while working hand in hand with Arua Referral Hospital, and Rhino Camp Health Centre IV where his patients were referred.

Deficiencies manifest

Reality soon set in. What Dr Atyam had only read in the press and listened to from third parties started to manifest.

The underbelly of Uganda's ailing healthcare system and its attendant deficiencies stared the young doctor in the face.

Before long, his verve, energy and exuberance of a fresh and young medical graduate working day and night to save lives, had waned.

"It is then that I appreciated the deficiency of government's commitment to healthcare because UNHCR (United Nations High Commissioner for Refugees) was basically providing all we needed for both the host community and refugees. Government's standard explanation was that there is no money," Dr Atyam told *Sunday Monitor* in an online interview from Botswana on Thursday.

A report titled, "Report to the Ugandan People", shows that in 2016, the US provided more than $840m (about Shs2.9 trillion) in support to Uganda of which more than $488.3m (about Shs1.7 trillion) was invested in the health sector.

In the 2017/18 Financial Year government injected Shs1.824 trillion in the sector, translating into 8.3 per cent of the National Budget, a drop of a few millions compared to Shs1.827 trillion (8.9 per cent) for the 2016/17 Financial Year.

As the challenges increased, the funding ironically suffered a drop, but Dr Atyam earned Shs2.5m a month from the refugee project compared to the paltry Shs600,000 he earned as a trainee doctor.

Already, the older and more senior doctors were uncomfortable with the fairer pay the fresh, but junior doctors were taking home, and soon, office intrigue set in.

The older doctors, some of whom earned Shs1.5m per month even after 20 years in practice were justifiably angry.

But each time Dr Atyam celebrated his birthday, the reality of growing older dawned on him as more layers of responsibility were piled on him.

With the meager pay of Ugandan doctor, the medic saw no ray of hope except in the greener pastures abroad.

Two of his brothers, both doctors, had comfortably settled in Bostwana for greener pastures.

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> DR SOLOMON ATYAM, GENERAL PRACTITIONER AT NGAGABWE REFERRAL HOSPITAL

Soon he hopped onto a bus at Namayiba Bus Terminal in Kampala, parting with Shs500,000 fare for a journey many doctors have taken over the last three decades, abandoning Uganda to save lives of other citizens abroad.

Ordinarily, a trip to Botswana by road lasted five days, but Dr Atyam didn't mind the adventure of the 14-day road trip from Kampala through Kenya, Tanzania, Zambia, and eventually to Gaborone, Botswana.

He went as a tourist, but was casting his net wide in the hope of landing a job in a country famed as an ideal practicing ground, especially for doctors.

A tourist has the privilege to stay up to 90 days in Bostwana after providing an address, financial status, and host's confirmation before they can get a visa.

Dr Atyam did and sat Botswana's Medical Council Examinations, which essentially examines what medical students learn in Uganda.

He passed and was employed by the government as a doctor, processing resident and work permits in less than two months thereafter.

He eventually joined at least 40 other Ugandan doctors saving lives in Bostwana who constituted themselves into the Association of Ugandans in Bostwana under the leadership of Dr Fred Kirya, who migrated there in 1980.

Normally, foreign doctors from India, South Africa, Cuba, Uganda and other countries are given a three-year renewable contract by government health facilities as well as private ones.

To avoid the burden of renewing work and resident permits, or even the risk of returning home to serve in depressing conditions, these doctors have gladly requested for and have been generously granted citizenship under a Skills Retention Scheme run under the Office of the President that aims to attract foreign skills.

"In fact everyone wants to employ Ugandan doctors, especially from Makerere University. Many of them are very popular. They are known for being socially acceptable, have good work ethics, interpersonal relations, and are professional," Dr Atyam says.

After settling in, Dr Atyam invited his wife, also a doctor and son to Bostwana where he is ready to become a citizen.

"The doctors from Uganda here were earning well and their quality of life is better. I saw a beautiful place with wonderful people and I saw fellow medics from home looking great, driving nice cars and living the life I could only dream of," he says. .

According to Dr Atyam, "We [Uganda] have lost our priorities with a health sector that is grappling with serious concerns of staffing, facilitation and motivation, poor salaries, low level equipment and chronic stock outs of drugs and supplies".

The challenges of Uganda

Beyond the pitiable pay, it is these challenges that get onto the nerve of doctors who are reduced to tears as they helplessly look on as their patients die because of inadequacies in the system.

Yet in Bostwana, Dr Atyam says, the emergency medical service apparatus is intact with a call centre for citizens to contact government in case of emergencies.

"Many patients in Uganda die because of poor handling. I have seen very few deaths in Bostwana because their emergency response system works," he says.

Dr Atyam's frustration is borne out by evidence. In 2014, the Health ministry launched the Uganda National Ambulance Service to address the need for emergency pre-hospital care, but in April 2017, Daily Monitor reported that the programme had stalled.

Failed ambulance system

The plan was to buy 100 ambulances at $157m over a five-year period starting in the 2014/15 financial year.

They were to be fitted with modern technology where surgery can be executed but the programme prematurely ended with the training of drivers.

On the paper, 'Current Patterns of Pre-Hospital Trauma Care in Kampala, Uganda and the feasibility of a lay first responder training programme', it is stated that less than 5 per cent of Ugandans arrive by ambulance and these are privately owned and prohibitively costly while one in three patients arrive at Mulago National Referral Hospital beyond the first hour after injury, the golden hour during which expedient treatment would greatly increase survival chances.

It appears, therefore, that the frustration of doctors like Atyam is not just about low pay but also these underlying systemic challenges in the health sector which make it impossible for doctors to save life.

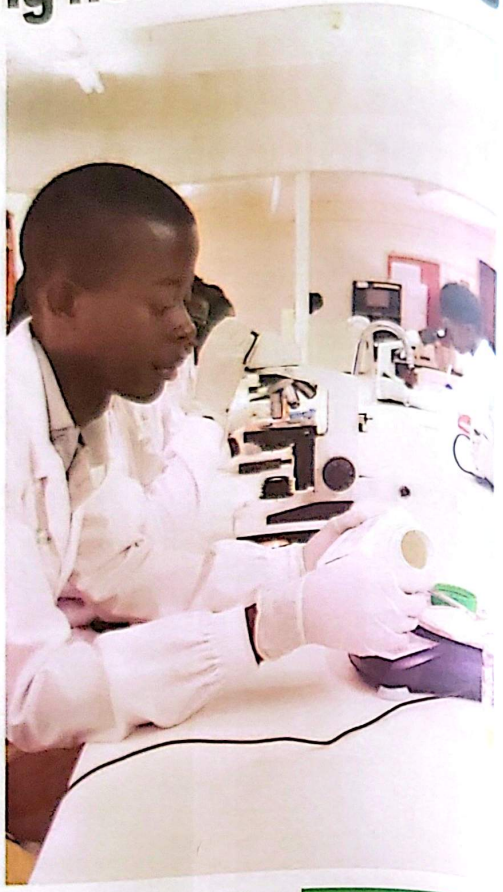
Dr Ekwaro Obuku, the president of Uganda Medical Association, now argues that as government incrementally improves the health sector; at least, let the Ugandan patient be touched by a smiling doctor who doesn't have to worry about meeting the basic needs of life in a country with a rising cost of living and dependency burden.

In Botswana, an intern earns 1800 pula (Shs630,000), medical officer 22,000 pula (Shs7.7m), senior medical officer 26,000 pula (Shs9.1m), chief medical officer 33,000b pula (Shs11.55m), specialist 37,000 pula (Shs12.9m), consultants 45,000 pula (Shs15.75m) and senior consultants 55,000 pula (Shs19.25m).

That means a senior consultant in a government facility takes home Shs19 million, almost close to what a Member of Parliament here earns.

Besides, the medics are also entitled to health insurance to which they contribute 50 per cent depending on family size, and also earn car allowance, free housing, free schooling for children with scholastic materials, and gratuity of 25 per cent of one's total earnings.

The doctors also work for strictly eight hours and extra time is paid for as overtime.



Looking at options. It takes more than Shs70m, according to Dr Ekwaro Obuku the president of Uganda Medical Association, to train a doctor in Uganda. However, they are introduced to a career of low pay which has forced many of them to look beyond Uganda for better pay. FILE PHOTO

Opting for better. The state of Uganda's health sector forced Dr Solomon Atyam to move to Botwsana where he now works as a general practitioner at Ngagabwe Referral Hospital. COURTESY PHOTO

THE ARGUMENT

Dr Ekwaro Obuku: The president of Uganda Medical Association, argues that as the government incrementally improves the health sector; at least, the Ugandan patient should be touched by a smiling doctor who doesn't have to worry about meeting basic needs of life in a country with a rising cost of living and dependency burden.

COST OF TRAINING A DOCTOR IN AFRICA

Uganda	$21,000
Kenya	$36,453
Tanzania	$27,256
Zambia	$27,749
South Africa	$58,698

LOOKING AT ATTENDANT COMPARISONS

Expatriates such as Dr Solomon Atyam, a general practitioner at Ngagabwe Referral Hospital, get a fully furnished house with a car, fridge, television, pre-paid TV and internet as well as an air ticket home covering the family after the end of a three-year contract.

But countries, including Uganda, treat some experts better than their own nationals so how does Bostwana treat its citizens?

"It treats its local doctors even better. They get a house loan which they pay for at zero interest rate for 20 years, $20,000 loan for cars at zero interest rate and so many other benefits," Dr Atyam says.

Doctors also enjoy a merit-based promotion system where after every two years served one is promoted and gratuity accordingly raised each time they renew their contract.

In a speech to the president on October 31, at State House, Dr Obuku went to length to break down for the number one citizen a comparative analysis of pay rates of Ugandan doctors to countries with similar economic challenges and other public sector employers back home.

Uganda, he said, spends Shs70m training a doctor from primary school to graduation, but 265 (9 per cent) of the doctors have migrated between 2010 and 2015.

Internal brain drain also remains a serious challenge. Out of 932 alumni of Mbarara University of Science and Technology at least 65 per cent of them were, by 2010 working for non-government organisations; mostly HIV/AIDS related.

The overall estimated loss of returns from investment for all doctors currently working in destination countries (Ethiopia, Kenya, Tanzania, Malawi, Nigeria, South Africa, Zambia and Zimbabwe) was $2.17b.

To Dr Atyam and the 40 or more Ugandan medics, Uganda is home but Bostwana cares and respects their privileged duty to serve humanity more.

Uganda is closer to their hearts but Bostwana offers better working condition and professionally and is more rewarding in their everyday pursuit to save lives.

The doctors love Uganda but Botswana loves its people more and invests in its healthcare better.

For that, Uganda continues to be the nursery bed for medical training as other countries such as Botswana reap the fruits from the transplant.

But the price of this unrequited love between mother Uganda and her doctors is too costly to bear.

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