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How to avert future doctors' strikes

In the *Sunday Vision* of November 26, it was reported that: "Doctors call off strike".

The doctors' sit-down strike started on November 6, under the auspices of Uganda Medical Association. They, however, over the weekend held their general assembly at Silver Springs Hotel in Kampala and voted for its suspension until December 16.

Obviously, it is good news that the Government and the medics have reached an understanding. The medics are demanding for improved pay and better working conditions, which demands the Government appreciates, but appeals to medics to return to work since there is an ongoing civil servants salary and emoluments review to be concluded next month.

The said review exercise is expected to harmonise civil servants discrepancies. It is, therefore, on the basis of that review that President Yoweri Museveni implored medics to call off the strike as they awaited for the outcome of that exercise.

The same position was advanced by the members of Cabinet that have been negotiating with the striking doctors. They include Dr. Ruhakana Rugunda (Prime Minister), Dr. Ruth Aceng (health minister), William Byaruhanga (Attorney General), Mwesigwa Rukutana (deputy Attorney General), J.C Musingo (state minister for higher education) and David Bahati (state minister for finance in charge of planning).

Fortunately, the medics have appreciated the Government position and called off the strike.

As we move towards East African political federation, we should, as East Africans, devise ways of ensuring that we avoid such strikes in future. It should be recalled that the medics strike in Uganda, occurred at the backdrop of a 100-day strike by Kenyan medics.

The Kenyan strike was worse considering that when the strike entered its 95th day; plans to hire Tanzanian doctors to fill the vacuum were opposed. Yet Tanzania's minister for health, Community Development, Gender, Children and the Elderly Ummy Mwalimu had confirmed that the Kenyan government had indeed made the request. However, Elisha Osati, the Chairman-elect of the Medical Association of Tanzania (MAT), said they were opposed to the move, emphasising that they were only ready for the move after the strike ended.

Now that the two strikes have passed, there is need to ensure that they do not reoccur in future. We can only achieve that, if we appreciate the challenging economic situations we operate in, in light of the several competing needs of our economies.

Such calls for the prioritisation of our needs vis-a-vis our national income. Of course, everyone would love to receive a hefty salary to enable him or her feed his family well, take children to better schools, drive a fashionable car and also have vacations at the best recreation centre.

But all that cannot be achieved given the world of scarcity we live in. So, the first priority of our limited resources is to invest in the provision of social services in order to minimise their costs at delivery. Undeniably, it is expensive social services that cause amplified demands for increased salaries.

High costs of social services have a direct impact on one's salary. For instance, unpaved road translates into costly transport fares thereby straining one's salary that travels by road. If there is limited electricity supply, its high demand causes high tariffs, thus a cost to one's income. Such is the case with education and medical services.

We should, therefore, ensure we prioritise our revenue by making social services better and less costly. With that scenario, there will be reduced pressure for increased salaries since our social services will either be free of charge or of reduced costs.

In the case of doctors, we cannot achieve better medical care, if some doctors continue with the habit of neglecting patients in government hospitals in order to have time for their private clinics.

That is why a more conscious payment system for doctors based on hours of service be adopted in order to have effective service delivery and value for money.

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