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Medics' strike, damned if you, damned if you don't

This week, doctors went on strike for better pay and working conditions.

Unlike a strike of taxi drivers or shopkeepers or even cooks, the doctor's strike has reverberated through the population, especially those who cannot afford private care.

And unlike other strikes, the doctors can keep it up for longer than most, because while they will not be seen in demonstrations, they can sustain themselves by working in the private sector.

A lot of industrial action has fallen short in this country because other strikers cannot support themselves outside their public sector jobs.

How did we get to this?

We have to go back to the 1970s and 1980s when, not only was no new infrastructure built in the sector, but also the rate of graduation of medical professionals did not keep up with population growth.

According to the World Health Organisation (WHO), there were 11.7 doctors for every 100,000 people in

2010 compared to nine doctors for the same number of Ugandans in 1965 shortly after independence. Most of the gain in these numbers came in 2002 when the number was 4.7 physicians per 100,000 people.

Up to 2010, our population had grown more than four fold since independence.

Kenya in 2010 had 19.9 doctors per 100,000 people. But the real measure in the region is Mauritius which in 2010 boasted 107 doctors per 100,000.

To show the enormity of the task ahead, to equal Mauritius' 2010 numbers, we would have to increase the number of doctors 20 fold from the about 2,000 doctors we had in 2010.

This deficit is also reflected in all other medical professionals and in the sector's infrastructure.

In trying to redress this imbalance in the last three decades, we have tried to shore up health care by investing in healthcare centres, to decentralise the services, we have more than just Makerere graduating health professionals and more recently, we have given our referral hospitals a



complete overhaul.

But it seems as if the faster we run the further behind we fall.

This context is important because a country's health sector is only as good as its public health services.

Everywhere in the world, investors in the sector will just do enough to be better than the public health system to be competitive.

If in the health system there are no doctors, drugs or beds then the private sector will just ensure it has a few more doctors, a slightly better stocked

pharmacy and few more beds to make it worthwhile for the public to pay for the service. It is no wonder in Uganda that we still travel abroad for treatment 50 years after independence. Our private health care is not that much better than the one you get from the crumbling health system.

The doctors are within their rights to strike for better pay. For the lifesaving work they do it is hard to argue that they are paid adequately.

The Government says a pay readjustment is coming shortly.

One can see the Government's dilemma.

In pulling Uganda up by the bootstraps over the last three decades, they have faced numerous sequential challenges. So what do you do first – security, the roads, schools, hospitals or power generation etc? And when you decide on the order to invest, do your priorities remain static? But most importantly, how much do you have to commit to any or all of these sectors?

It is not helped that there was a universal decline in all sectors in a situation of few or no resources. So

one suspects the decision was often that because there was not enough to go around some sectors will suffer as we beef up the ones ahead in the queue of priorities. And even within the individual sectors there are prioritisation challenges.

And despite all this, it did not help that some agencies were created with salary structure way beyond public sector pay grades and continued unabated. One can sympathise with the Government's numerous challenges, but not as much as with the doctor's plight.

That being said, it would be useful, if the doctors found another way of engaging the Government other than depriving the greater public of their lifesaving services.

There must be a way for them to keep working as they negotiate with the Government for better, if for nothing else than that they are no ordinary workers. Which again strengthens the case for their improved pay.

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