

Collapsed emergency services lead Ugandans to early death

The struggle continues. Although government four years ago launched the Uganda National Ambulance Service, many citizens still struggle to access the services with some opting to hire from private health facilities. NMG's Emmanuel Ainebyoona & Walter Mwesigye established.

It is lunch hour on a hot Wednesday afternoon. A staff at Ministry of Health's call centre receives a distress call on emergency telephone number 0800100066.

"Hello, I am in need of an ambulance to transfer a patient from Nansuna [a city suburb] to Mulago referral hospital," the caller said.

"Sorry, the ambulances are being managed by Kampala Capital City Authority (KCCA) in a pilot programme," the female attendant responded, adding: "Please, here is their toll-free line 0800990000 and call and request for an ambulance."

A call to this alternative toll-free went unanswered when our reporters dialed it last Friday, but an automated response referred to a client's service number: 0204680000.

"KCCA, for a better city," ends the ring tone that replays the mission and vision of the city authority.

Telephone calls to the client's service number too went unanswered.

Last week's unsuccessful attempts by our journalists to secure an ambulance mirror widespread struggles by ordinary Ugandans in need of emergency medical care, four years after the government launched a Uganda National Ambulance Service (UNAS).

Revised to the Emergency Medical Service System (EMSS), the anticipated first aid provision, pre-hospital care and faster transportation have not worked as envisaged.

"The ambulance system has not been phased out," said Health ministry Permanent Secretary Dr Diana Atwine, "but we want to ensure that we develop a more comprehensive emergency system, not having ambulances that will pick patients and just run away."

Stationed ambulances

The revised approach is to devolve provision of direct ambulance services to regional referral hospitals and private actors while the parent ministry concentrates on policy formulation and coordination.

This resulted in Health ministry surrendering seven ambulances of its 10 ambulances to KCCA to manage.

Dr Daniel Okello, the acting KCCA director for Public Health and Environment, said they have stationed ambulances at black spots within and around Kampala to evacuate particularly accident and emergency victims.

"We are doing what we call facility at hotspots such as Clock Tower, the Fire Brigade headquarters and along

selected accident black spots," he said. Besides, directing or locating pick-up places for emergency patients is hampered by haphazard developments that block access or where plots are not numbered and roads exist without names.

The functionality of the ambulances have been questioned by professionals and users. Worse, 77 of Uganda's 121 districts do not have an ambulance service at the public health facilities.

Many ambulances, where they exist, either have no fuel or are grounded due to tyre and repair problems.

While some are, in the words of one user, just "speeding vehicles" because they lack equipment and specialised health workers on board.

In many districts, double cabin pick-up trucks have been converted into ambulances, with the distinctive addition of a siren switched on to clear traffic and enable faster delivery of a patient to a health facility.

Prof Joel Okullo, who chairs the government ad hoc committee drafting the national guidelines, said Uganda's emergency services are "poorly managed and uncoordinated" while the ambulance system is "insufficient and low capacity", even to manage the injured.

Pre-hospital care is given on an ad hoc basis, by fragmented providers such as police and community volunteers with no or inadequate training or skills.

His concerns echo findings in a 2009 research published in the World Journal of Surgery titled the "current patterns of pre-hospital trauma care in Kampala, Uganda and the feasibility of a lay-first-responder training programme".

"Less than five per cent [of emergency patients] arrive by ambulance because few exist and these are mostly privately owned and prohibitively expensive. Furthermore, one in three patients arrive at Mulago (National Referral Hospital) beyond the first hour after the injury, the 'golden hour,' during which expedient treatment would greatly increase survival," the researchers wrote.

One family that had a first-hand experience of a lethargic and costly emergency referral system was that of Abel Nsabimana.

His son, Michael Niyitegeka, says their 68-year-old suffered a heart attack on March 24, last year, while at his work place in Fort Portal Town, about 300 kilometres west of Kampala.

Nsabimana's blood pressure had dropped drastically and he required



Process. A team from Kampala Executive Aviation carry a patient onto a plane at Kajjansi in Wakiso District last week. PHOTOS BY MICHAEL KAKUMIRI

urgent specialised care, but his children were notified three hours after he collapsed.

They could not secure a government helicopter for air evacuation until Toro & Mityana Tea Company, Nsabimana's employer, chartered a plane from the Kajjansi-based Kampala Executive Aviation to evacuate him.

There was another hurdle. The airline said it could not fly its plane beyond 6pm to an area without runway light for landing and, as such, the evacuation was done the next

day. The flight cost \$3000 (Shs11m), almost four-fold the per capita of a Ugandan.

The crucial hours for emergency intervention had lapsed and Nsabimana passed on at International Hospital Kampala on April 8 where he spent 10 days, five of them in intensive care.

"From an emergency perspective, my father's death left a lot of questions on what could have been done if the country had better facilities," said Niyitegeka.

Fewer Ugandan families have the

WHAT OTHERS SAY

"We later realised that as a strategic body, the ministry of Health is supposed to do policy and not manage ambulances. Ambulances are supposed to be managed by hospitals,"

DR DIANA ATWINE
HEALTH MINISTRY PS

"From an emergency perspective, my father's death left a lot of questions on what could have been done if the country had better facilities,"

MR MICHAEL
NIYITEGEKA, CITIZEN

"The proportion of patients who die before reaching hospital in low- and middle-income countries is over twice that in high-income countries."

WORLD HEALTH
ORGANISATION

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DR DANIEL OKELLO,
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money or power connections to pay for air ambulance and, as such, many patients in critical condition die prematurely and unattended to.

Last month, Ethics minister Simon Lokodo collapsed in the backwater Kalangala island district, and the army flew in a chopper to evacuate him.

Dr Lameck Ssemogerere, an intensivist and the head of critical care services at Uganda Heart Institute where Fr Lokodo was transferred, said the minister's case could have ended differently had emergency care further delayed.

The army and police helicopters have been at the ready to evacuate at tax payers' expense top government official or their relatives relatively well-off than the average Ugandan.

"It would be great to have air ambulance (services), but currently we do not have," PS Atwine said, without discussing if any such an option is even on the table in the first instance.

World Health recommendations

The World Health Organisation recommends that emergency patients, particularly accident victims, should be evacuated within 5 to 17 minutes.

The UN health agency notes the dearth of pre-hospital care in Uganda, which would enormously save lives,