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# Why facilitating doctors is a matter of life and death

**D**espite the *hakuna mchezo* slogan, the current state of public health services in Uganda is appalling.

In fact, preventable and premature deaths have claimed the lives of a Ugandan too many including prominent members of society.

In December 2016, Engineer George Agaba of KCCA planning department passed away at Mbarara Hospital after a road accident in western Uganda. In the same scene as Agaba, the President's sister, Dr. Violet Kajubiri, was airlifted for further treatment.

More recently, Iganga Woman Member of Parliament, Grace Kaudha Magumba, died over pregnancy related complications. The following day, a fellow medical doctor lost his wife at Jinja regional hospital from the same. Many *wananchi* have died silently and prematurely in the hands of our weak health system. May their souls rest in eternal peace!

Recently, medical doctors nationally assembled in Kampala eager to follow Parliamentary proceedings on the "Dr. Margaret Mungherera petition". Parliament invited members of the Uganda Medical Association to the public gallery. The "Mungherera petition" seeks to increase the supply and availability of doctors after duty hours, on weekends, public holidays, in the night and in all corners of Uganda.

Indeed, doctors are most interested in a healthy Ugandan population, a prerequisite with obvious economic benefits, if we are to achieve and sustain the middle-income country status.

Our aim is to summarily end the common talk that "the doctor is not there", whilst our key principles are equity and solidarity to reach the poorest of the poor Ugandans.

## Good statistics, poor health services or more rhetoric?

In Africa, death is a thief and death of a big man makes the news. Parliament should enact and fund policies that will



accelerate the reversal of unnecessary deaths of mothers in Uganda.

Indeed it is after the unfortunate death of Magumba that Parliament recalled the "Mungherera Petition". The Uganda Medical Association petitioned the Speaker, Rebecca Alitwala Kadaga, on July 20, 2016.

This was in spite of several visits by the Uganda Medical Association to Parliament to have this petition discussed before the 2017/18 national budget.

It is, therefore, not true that doctors are opportunists of the ongoing political debate on land-for-development and leadership age-limit reforms. We are bound by creed to serve all Ugandans irrespective of political affiliation.

Globally, Uganda was scored as having unfinished MDG business having failed to meet its targets of reversing maternal mortality. These avoidable deaths are happening with impressive statistics from the Uganda Health and Demographic Survey 2016.

The UDHS 2016 shows that the number of mothers attending antenatal care during pregnancy and giving childbirth in hospitals has increased by leaps and bounds from 57% in 2010, to 71% in 2016.

Yet, Uganda's maternal mortality remains one of the highest globally at 336 women dying for every 100,000 live births annually (crudely, if 1,000 women give birth, about three of them will die).

This figure is unacceptably high compared to the average of 239 for low-income countries and 12 for the high-income countries. What explains this contradiction?

**Ugandan doctors are patriotic, pan-Africanist and true national heroes** Ugandan doctors, nurses and midwives are the true national heroes who may never see the Nalubaale medal on Heroes Day!

In West Africa, it is Ugandan doctors who took charge and finished the Ebola epidemic. The late Dr. Atai Emoruto, is our field marshal, who was peeped by Dr. Ellen Johnson Sirleaf the President of Liberia. Dr. Samuel Mutooto sacrificed his life for the better of his African brethren.

Further, Dr. Jackson Amone, Dr. Joa Oketch, Dr. Muheereza among other rank and file were the Ebola battlefield survivors who lived to narrate the ordeal that claimed nearly 10% of the health workforce in Liberia, Sierra Leone and Guinea.

However, Ugandan doctors are in short supply in public health facilities. Kabale regional hospital has only six of 28 expected doctors. Therefore, the "Mungherera Petition" proposes a magic formula to reverse this trend by foremost, filling up all the vacant posts of 1,051 doctors in public service.

Secondly, we pitch a sound business proposition to attract and retain doctors in areas with severe scarcity such as Kabale regional hospital with only six out of 24 doctors or the Karamoja region whose total number of doctors may not fill a 14 seater taxi!

Our argument goes beyond salaries and attends to effectively equipping the government facilities to handle life saving procedures such as caesarean section for pregnant mothers with complications or road traffic accident victims.

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