

# Govt must build on the heart institute's success

**O**n Monday, cardiologists at the Uganda Heart Institute, etched their names into Ugandan medical history when they successfully carried out the first vascular bypass, which entails replacing blocked vessels in the heart, during a 10-hour operation carried out at Mulago National Referral Hospital.

This was the first time, an all Ugandan team of doctors and supporting staff were carrying out open heart surgery in Uganda. Kudos to the team that was led by Dr William Manyilira, and others like Dr Tom Mwambu, who participated in the operation.

However, as the saying goes, going up is not the tough bit. Staying there is. Now that the institute has made the break, it is very important that it is assisted to keep going.

One of the reasons for last year's medical workers' strike, according to the Uganda Medical Association (UMA) was

the "chronic scarcity of medicines, vaccines and medical supplies/technologies at hospitals". Even a wizard would like to perform his magic on a big stage, but he has to have his magic wand with him. We cannot expect doctors to perform without equipment.

This tale of lack points to perpetual underfunding to the health sector, which does not spare even specialised units such as the heart institute. The Executive Director of the Uganda Heart Institute, Dr John Omagino, says funding levels are too low to enable the facility perform beyond 30 per cent of what it is capable of.

Instead of performing in excess of 1,000 heart surgeries per year, it is only doing about 500 surgeries and letting the more complicated ones

be done elsewhere, not due to lack of personnel, but due to lack of equipment. "Now we are trying to use these results to show the nation that we only want tools," he says.

Dr Omagino says equipping the institute will help save the forex that the country has been spending on sending out people for heart related surgery in Europe, South Africa and Asia where the costs range from \$75,000 (Shs270.7 million) in the United States, \$32,158 (Shs116 million) in South Africa, \$22,000 (Shs79.4 million) in Europe, \$18,000 (Shs64.9 million) in the United Arab Emirates, \$14,000 (Shs50.5 million) to Thailand or \$5,500 (Shs19.8 million) in India.

"For us we are challenging the government. Give us the resources and you demand for the output," says Dr Omagino. Dr Omagino has thrown down the gauntlet. Government needs to rise to the challenge and build on what the institute achieved on Monday by providing it with the kind of equipment that it requires to perform at the very highest of levels.

## The issue:

### Funding

## Our view:

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