



BY CAROL KASUJJA

Music fans across East Africa are still mourning the death of popular Ugandan musician Moses Ssekubugo, aka Mowzey Radio, who passed on on February 1 at Case Hospital in Kampala. Radio was rushed to Case Hospital in Kampala after being referred there from Nsambya Hospital, in critical condition, following a brawl at De Bar, a hangout in Entebbe Municipality on January 22. The reason Nsambya referred Radio to Case was that they did not have a bed in their Intensive Care Unit (ICU). Radio's one-hour wait to access treatment in the ICU is a demonstration of how many Ugandans are on the receiving end of a severely overstretched public healthcare system.

"We drove him to Emmanuel Hospital and there was a bit of delay. We then requested for an ambulance to Nsambya. From Nsambya Hospital, we were referred to Case Hospital because they told us that the ICU was full," narrated David Ebangiti aka Washington, Radio's music producer, who was with him at the time of the brawl.

When Radio was admitted at Case Hospital in the ICU, it was a difficult environment for his relatives, especially the mother, who waited desperately for any sign of change or progress in the health of her son. Unfortunately, Radio never woke up.

**EXORBITANT ICU FEES**

According to our investigations, the facilities offering this most critical care service in the country are few and quite costly. The daily fee in an ICU ranges between sh2m and sh5m. Most of the hospitals which attempt to offer the service lack the required human resource.

Mulago Hospital has no single intensivist – a physician who specialises in the care of critically ill patients in ICU – in their ICU. Some of the life support machines at Mulago's general ICU have been in service for more than 20 years.

According to Sunday Vision's investigations, the country has only two properly equipped ICU facilities to serve a population of about 40 million people. The best ICU facilities are found at the Uganda Heart Institute (UHI) and International Hospital Kampala (IHK). The rest, including the one at Mulago Hospital, do not meet the standards.

**COST OF RUNNING AN ICU**

Each bed in ICU must have a complete set of associated monitoring equipment, suction apparatus, infusion pumps and mechanical ventilator. Every bed must have a nurse and a 24-hour intensivist. If it is a teaching hospital, like Mulago Hospital, the ICU must have two senior doctors, as well as student doctors.

A proper ICU must have specialists like intensivist, anaesthetist, cardiologist, kidney specialist and a cardiac surgeon, but the country has a few of the above.

"It would be good to be treated at Mulago Hospital because it is cheaper than International Hospital Kampala (IHK), but the current situation at Mulago is also tricky," said a senior doctor at Mulago, who preferred anonymity.

UHI has 13 beds, but at the moment, only four are functional because of the renovation going on at the hospital. Although it is one of the best facilities, the UHI ICU is only for cardiac cases. IHK is the one which offers general services to both the young and adults, but one is supposed to pay sh5m as deposit to access the facility.

Part of the problem is the cost of putting together these units, skilled staff and the low investment in healthcare.

"The service is expensive because of the nature of equipment. One piece of equipment, for example, can cost as much as sh200m. Moreover, the required human resource is highly skilled. The nurses, for example, who should work in an ICU have to go abroad for training because we do not have schools that train nurses for critical care. We have only four intensivists

in the country and most of them are lecturers," Dr Lamech Ssemogerere, a consultant intensivist, a lecturer at the College of Health Science, Makerere University and head of cardiac critical care at UHI, says.

Ssemogerere notes that to establish a single ICU bed with all its accessories, one needs money ranging from sh500m to sh800m and some can go as high as sh1b. ICU facilities are always small units, ranging from four to 10 beds. One ICU bed can buy 50 ordinary hospital beds.

"People who cannot afford this care are likely to die

without being admitted because the patients admitted, usually spend between 10 and 14 days before they are sent to the wards. However, there are patients who stay for months. That is why the bill is always high," he said, adding: "The major consumers of ICU are accident victims, children and adults with infections, birth-related complications and lung diseases/infections," Ssemogerere says.

"MEDICAL ASSOCIATION'S TAKE

Dr Ekwara Obuku, the Uganda Medical Association president, says more resources must be invested to improve the levels

# UGANDA HAS ONLY TWO



A section of Mulago Hospital which is undergoing renovation. The hospital will have over 40 ICU beds. However, the lack of enough specialists at the facility will affect the effective use of the ICU beds.



Lamech Ssemogerere



Ekwara Obuku



Diana Atwine

of critical care in the country. "ICU is not just a building, it is a service." "ICU services are lacking in the country. Radio had money to pay for all the days in ICU, but he did not make it. In Jinja, they have four to six ICU beds, but they do not have specialists but they do not have specialists to run the centre. When you are in ICU, it is like you are in the departure lounge. You need highly specialised nurses and anaesthetist to be able to improve. Without them, you cannot survive," he says, adding: "The Government needs to stop putting money into politics and put it into social services, such as health, education and food security."

According to experts, managing an ICU facility is expensive.

"As doctors, we would want to make things cheaper, but we cannot change the cost of drugs and associated services," notes a senior anaesthetist, who preferred anonymity.

He notes that the beauty with the ICU, is that the patients are given 100% care.

"We do everything for our patients, including grooming and whatever other care a hospital attendant would otherwise provide. ICU facilities are always high risk areas not open to the public because we are handling sick people using costly equipment and intense work is always



Beds like the one above are special hospital beds designed for ICUs to take care of critical patients. Part of the problem is the cost of putting together these units, skilled staff and the low investment in healthcare.



Sarah Opendi

going on, which does not need disturbance," he notes.

**LACOR HOSPITAL APPROACH**

Dr Cyprion Opira, the director of Lacor Hospital in northern Uganda, says to maintain an ICU, one needs constant supply of doctors and infrastructure, which is too expensive for many hospitals.

"Lacor Hospital has 10 ICU beds and we charge sh5,000 everyday. Sometimes we do not even charge, if the patient needs special care for diagnosis, like training nurses who are supposed to handle patients in critical care and also, they can handle the training, but lack the equipment because they are running to private hospitals," Opira said.

**RUKARE LETTER**

In his letter to New Vision last week, Dr Donald Rukare, House and a human rights expert, said there are few Ugandans who can afford the exorbitant medical bills charged by private hospitals when admitting in the ICU.

"If you are lucky enough to find a free bed in the ICU, we have a few functional ICU, apart from the exorbitant fees. We have less than 10 fully operational and functional ICUs in the country. The one in Lira is not functional," he wrote.

**UGANDA CHEAPEST IN REGION**

Interestingly, our investigations showed that Uganda has the cheapest critical care in the region.

"That is why we receive patients from all over Africa. In Uganda, people who always come to ICU are foreigners, expatriates, politicians, affluent families and the rich," Ssemogerere says.

**CURIOSUS CASE OF MULAGO**

Asked why Mulago's ICU does not have a single intensivist and is full of old equipment, Dr. Byarugaba Baterana, the executive director of Mulago Hospital, said ICU services are not just buildings.

"Mulago is undergoing renovation. When we are done, we will have the best ICU in the country, with over 40 beds and all the equipment. Every

# PROPERLY EQUIPPED ICU FACILITIES

doctor can offer service to a critically ill patient. You do not need specialists. All you need is knowledge. When it comes to human resource, we have the best doctors in the country," he said.

Opendi, the State Minister for Health, said she could not comment because she was in a meeting. The ministry's permanent secretary, Dr Diana Atwine, did not pick up her calls. The health minister's (Dr Jane Aceng) known telephone number was switched off.

**MINISTRY OF HEALTH SILENT**

When contacted, Dr Sarah

The Government should bear all the costs of keeping its citizens healthy.

"We need to have a National Health Insurance policy that covers everybody, especially those who genuinely cannot afford," Prof Paul George D'Arbela, a consultant cardiologist and internist at Heart Centre LTD, says.

Dr Arbela noted that as a country, we need to have at least one hospital with an ICU of the level and standard of the World Health Organisation.

Ekwara also suggests that patients from requiring ICU services by providing prompt

to link up with universities offering science subjects, so that they can train students, specifically for ICU service.

For a country like Uganda which does not have a health insurance policy, it is important to prevent patients from requiring ICU services by providing prompt appropriate care at the different levels of health care services.

"People have a misconception that only patients with heart diseases need ICU services, but every condition has a potential of taking you to the ICU," Ekwara says.

## COST OF ICU IN HOSPITALS

- International Hospital Kampala, 10 beds. "Before we admit anyone in the unit, they have to pay sh5m. We do this because the medicines are expensive and different patients have different cases. Some patients can use sh2m in just a day and others less, so we charge at once, so that we do not keep on disturbing our clients. We just keep updating the bill," a female admission officer at IHK, Namuwongo, a city suburb, says.
- Nsambya Hospital, six beds. "Apart from Mulago, we are the cheapest private hospital when it comes to admission to ICU. We charge sh350,000 for admission. That is for only the bed without the medicine and laboratory tests. Usually, the cost of the medicine we use in ICU starts at sh800,000. By the second day, some people are in sh2m. It is rare to have a patient in ICU for only two days. We usually have them for a week or more," a doctor who prefers anonymity, says. "Even if you are a big shot in this country, if we are full, we cannot admit you because we cannot take someone else off a machine to admit you," noted an administrator at Nsambya.
- Mbarara Hospital, eight beds. Though they have eight beds, they only have one functioning ventilator. "If the patient needs ventilators – a machine designed to move breathable air in and out of the lungs, to provide breathing for a patient who is physically unable to breathe, or breathing insufficiently –, we might not be able to handle. If the patient is in coma, rush them to the hospital and we will make a decision," Dr Tendo, the head of the ICU at Mbarara Hospital, says. "Asked how much they charge, he says it is always the patient's safety first, not the money. "Money is not an issue; money is not everything," he says.
- Norvik Hospital, Kampala, two beds. Patients pay sh2m per day, depending on the condition.
- Case Hospital, Kampala, seven beds. By Thursday, they did not have space. The head of ICU advised us to contact them on Sunday. "If a patient needs ventilation, we might not be able to serve them, but we shall have space on Sunday. If a patient needs ventilation with dialysis, they pay sh1.5m, ventilation only, you pay sh1m, while other conditions you pay sh600,000 per day," Dr Kayizza says.
- Nakasero Hospital. On admission, you have to pay sh2m as deposit.
- Mulago Hospital, seven beds. If the patient is going to spend a week in the facility, you have to pay sh500,000. That money includes the medicine.
- Jinja Regional Referral Hospital. The ICU is not working.

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