



Salary increase alone will not fix our broken health care system

NORBERT MAO > FAIR AND SQUARE

As I pen this article, intern doctors are threatening a strike due to non-payment of their allowances and lack of supplies. As usual government has pledged to "look into their demands".

To understand better the comprehensive brokenness of our health care system, I spoke to a young man in medical school who for three consecutive years was posted to a health centre IV in Rubirizi. His testimony was telling.

One day a seven-year-old boy was admitted at the health centre with severe malaria. The student doctor correctly diagnosed the ailment and in addition found that the boy has sickle cell disease. He was dehydrated and had a very high temperature. To stabilise him, the student doctor recommended that he receives at least a unit of blood through transfusion immediately. When he asked the nurse to get the blood he was shocked to be told that the person with the key to the lab had gone home and he took the keys with him. Time was of essence. The boy's life was on the line. Any delay could be fatal. The boy showed all signs of impending death.

Two hours later the man with the key arrived and the blood transfusion was carried out. With the boy slightly stabilised he needed to be referred to a bigger facility run by Catholic missionaries. It would be a long journey on a bumpy road.

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Real-life story. After about 30 minutes, the student doctor's phone rang. It was the boy's parents. "There is no way they could have arrived at the hospital. This must be bad news," the young student doctor thought to himself.

The health centre has a pickup truck which serves as an ambulance so the student doctor asked for it. He was told that the in-charge had taken it and it was running his business errand to collect matooke from a neighbouring district.

He asked the boy's parents whether they had any means of transport. They showed up with an old rickety bicycle. He asked whether they had any money to hire a vehicle. They told him they had nothing.

Desperate, the student doctor gave them Shs20,000. That was enough to get them in a taxi. It was not enough for them to hire the vehicle. To make the journey the driver would have to make stops on the road to pick up more passengers to contribute to the fare.

After about 30 minutes, the student doctor's phone rang. It was the boy's parents. "There is no way they could have arrived at the hospital. This must be bad news," the student doctor thought to himself. He picked the call. His worst fears were confirmed. The boy had died along the road. As a doctor who had made the correct

diagnosis, administered emergency treatment to stabilise the patient and also made the referral, he felt very bad. He was upset at the entire system. He raged at the people who ran the health centre. He even recommended to the Chief Administrative Officer (CAO) that the in-charge should be suspended or even sacked.

But his time was up. He had to go back to medical school. Months later, he returned, the in-charge was still running things. When he asked how come no personnel changes had been made, he was told that the in-charge was the widow to a brother of the CAO. Case closed.

There has been a lopsided debate on what we need to fix our broken health care system. Too much focus has been on remuneration of health workers. Health workers should be at the centre of decision making. We need a balanced and holistic response.

According to the World Health Organisation, "a well-functioning health system responds in a balanced way to a population's needs and expectations by: improving the health status of individuals, families and communities; defending the population against what threatens its health; protecting people against the financial consequences of ill-health; providing equitable access to people-centred care; and making it possible for people to participate in decisions affecting their health and health system."