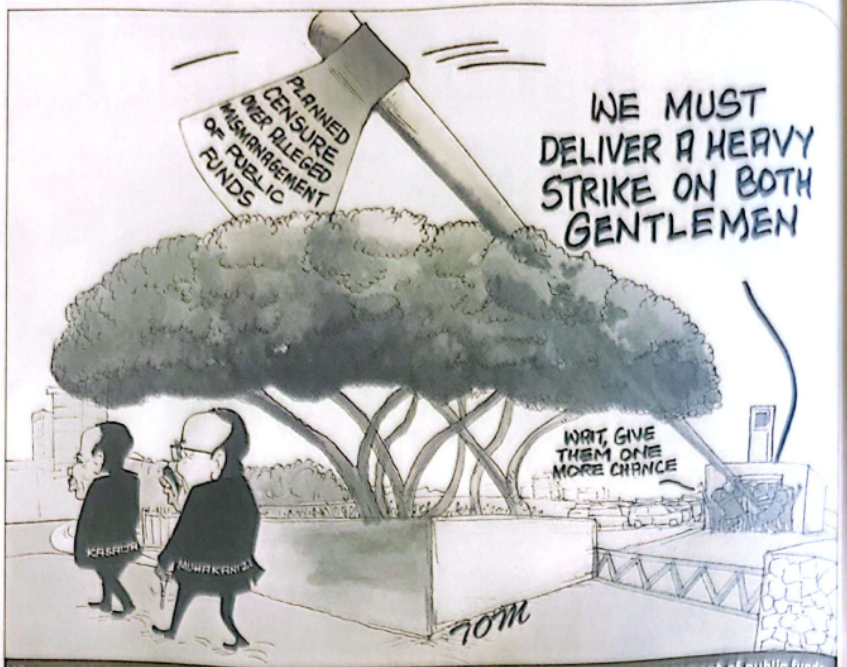


MPs are divided on whether to censure minister Kasaija and PS Muhakanizi over alleged mismanagement of public funds

Dr Jackson Orem, oncologist

Commissioning of radiotherapy machine a milestone

Today, Uganda is witnessing the commissioning of the new cobalt-60 radiotherapy machine. Two years ago, we had a radiotherapy machine that had almost come to the end of its functionality. The machine broke down in March 2016 bringing a dent in our care services. The breakdown of tele-therapy (cobalt 60) machine in Uganda is an example of the challenges to be considered while expanding access to treatment. This was a major test to the country and the Uganda Cancer Institute the agency of government responsible for provision of cancer services. However, a most God sent immediate in kind response came from Aga Khan Hospital in Nairobi who offered to treat 400 patients at no cost to Uganda.

An MOU was signed and a committee for evaluation of treatment need, the Radiation Oncology Clinical Needs Evaluation Committee (ROCNEC) was formed. As a result, immediately patients started accessing care from Nairobi. According to the MOU, the Government was to meet the cost of accommodation, transport and meals for all patients. To date up to 120 patients have been referred. The need for radiotherapy services has been huge and, therefore, having a new equipment commissioned today makes a big difference in our services.

In a special way, allow me convey my sincere gratitude to the International Atomic Energy Agency for jointly contributing to the purchase and installation of the new radiotherapy machine. The new tele-therapy cobalt machine comes with better efficiency and an increase in the turnaround time. In addition, it has a pneumatically driven source drawer used for moving the source between shielded position and treatment position.

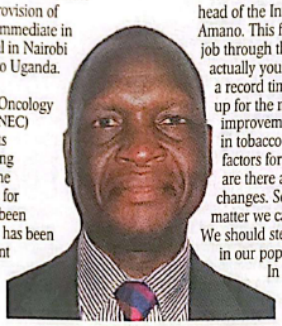
So far we have treated about 800 patients since December 4, 2017 when the first patient was put on the machine. The numbers of patients are steadily increasing. Currently we are capable of treating about 80 patients per day. Looking at the International standards of radiotherapy treatment, one radiotherapy machine has to serve a population of 26,000 people. In Uganda with a population now going in the range of approximately 40,000,000, that means that if we are to use the formula of one million people for one machine (basing on the African standards), we need forty machines. And so just to have one at this point is a drop in the ocean.

It may not be as gratifying as we would have wanted but the process is an indicator of progress. In addition to this machine, we will acquire another radiotherapy machine (linear accelerator) that is also expected to improve on radiotherapy treatment. To the public, it may seem that the restoration of the radiotherapy services has been delayed but we did everything very well, followed all the required procedures in dealing with nuclear energy. And it is against this background that Uganda was applauded by the international community in handling this crisis. Something that has made it a model to be used by other countries in case they face a crisis as this.

The commissioning is to be witnessed by none other than the head of the International Atomic Agency, Ambassador Yukia Amano. This further indicates that Uganda did a commendable job through this crisis. It has shown the whole world that actually you can handle a crisis of that magnitude within a record time. Not forgetting that cancer cases are going up for the many reasons such as increase in population, improvement in diagnosis, change in lifestyle, increase in tobacco smoking, increase in eating foods that are risk factors for development of cancers among others. All these are there and actually we are at the forefront of those changes. So, the numbers are going upwards and for that matter we cannot hide our head in the sand to this calamity. We should step forward and prevent the preventable cancers in our population.

In conclusion the breakdown of Uganda's radiotherapy machines has provided lessons that are important for handling health system operational crisis which may occur as we try to build complex delivery systems. These lessons are derived from the manner in which the safe decommissioning of old source was done, how the infrastructural rehabilitation were carried out, the security system upgrade and the outsourcing of procurement of high risk and complex equipment. Further we learnt how to keep services going as complex restoration process is ongoing.

The biggest contributor to the success, however, is the collaborative spirit which underpinned the enterprise be it the in-time in-kind support from non-state actors such as Aga Khan University Hospital Nairobi (AKUHN) or an international multilateral agency technical agency such as International Atomic Energy Agency(IAEA). Finally, when all is said and done the biggest challenge remains the reassurance of the public and building confidence that all is being done in ensuring restoration to normal. However, the handling of this crisis has shown how to turn a misfortune into an opportunity given the many lessons learnt. Research is our Resource.



The need for radiotherapy services has been huge and, therefore, having new equipment commissioned today makes a big difference

The writer is the Executive Director, Uganda Cancer Institute.