

Heart institute awarded sh10b for groundbreaking surgery

By Nicholas Wassajja and Henry Sekanjako

For successfully performing the first ever coronary artery bypass grafting surgery in the country, the Uganda Heart Institute (UHI) has been awarded sh10b budget allocation in the next financial year.

Parliament said to ensure that more complex heart surgeries are carried out locally, sh10b will be given to the institute yearly for the next five years, commencing with 2018/19 to boost its financial standing.

The MPs also resolved to pay tribute to the team of experts comprising the lead surgeons Dr William Manyilira and Dr Tom Mwabu; anesthesiologists Dr Cephas Mijumbi and Dr Joseph Ejoku, the intensivist, Dr Lameck Ssemogerere; the lead theater nurse Gertrude Mundur, the ICU nurse, Ann Oketayot and the perfusionist Pascaline Muraa. The team carried out the coronary bypass surgery under the leadership of the institute, led by its founder Prof. Francis Omaswa and its executive director, Dr John Omugino.

Done by a team of 14 medics, the specialised open heart surgery, known as coronary artery bypass grafting surgery, was performed on January 22, lasting over 10 hours. It involved picking veins from other body parts to replace blood vessels around the heart that are affected.

Abbreviated as CABG, online sources define coronary artery bypass grafting as creation of new routes around narrowed arteries to improve blood flow to the heart.

The motion for a resolution of Parliament to pay tribute to UHI for the groundbreaking surgery was tabled last week by Thomas Tayebwa (Ruhinda North MP) and seconded by Herbert Ariko (Soroti Municipality MP) and David Abala (Ngora County MP).

Tayebwa said they are delighted that the institute was able to perform the surgery, which has been a missing



Uganda Heart Institute's director Dr Omugino. Photo by Jacky Achan

BETWEEN THE LINES:

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link in treating heart-related diseases. He said the success story should be protected and made better at all costs.

"The services provided require a special mindset that calls for the highest dedication because errors can be costly and must be avoided by cultivating a work culture that pursues excellence at all times. Therefore, we need to support them using any means possible," Tayebwa said.

He added work done by UHI has reduced heart complications referred abroad by at least 20%, but if supported well to make surgeries such as CABG regularly, heart-related

medical tourism will drop to as low as 5%, saving Uganda billions of shillings.

Government records indicate that Uganda spends about sh500b on seeking medical attention abroad, especially on politicians and high-ranking civil servants.

Manyilira said UHI now has capacity to carry out CABG at a cheaper cost of about sh18m compared to about sh300m in countries such as South Africa.

Tayebwa noted that "this country has the technical capacity to handle these cases, but because we set our priorities wrong, 50% of our people are sent away to die. UHI says the only way we can honour them is by giving them the little money they need".

Great capacity

UHI is said to have capacity to perform only 1,000 heart operations annually, yet it is estimated that about 15,000 children in Uganda are born with heart defects, of which about 8,000 require corrective surgeries.

Tayebwa said on top of the sh10b annually for five years, UHI also needs an additional \$65m (about sh236b) to build its own medical facility that will be able to handle about 5,000 patients annually and help train more specialists.

Since 2015, plans have been underway for a 200-bed hospital to be named Uganda Institute of Cardiothoracic Diseases to cost \$65m, replacing UHI. Although UHI acquired a semi-autonomous status in 2001, the said development is anticipated to give it full financial autonomy of Mulago Hospital.

Arko compared medical practice to driving a car, saying the more surgeries that the UHI will undertake, the more expertise it will acquire, but this can only happen with resources available, especially for specialised equipment.

Odonga Otto (Aruu County MP), who revealed that he is a beneficiary of the UHI expert team, proposed that to avoid the finance ministry's budget downsizing and delayed allocation, the sh10b should be ring-fenced in the 2018/19 budget.

"We should give the heart institute this money, but we should amend the proposal to include that the money should be ring-fenced and increased by a certain percentage for each subsequent financial year," Otto said.

Uganda's finance legal regime allows Parliament to make specific budget allocations that are brought forward by the budget committee.

Parliament last month approved the budget committee report on the budget framework paper for 2018/19 which gave the health sector sh1.6 trillion from sh1.8 trillion that was given in 2017/18.

Manyilira said the CABG procedure was made possible after the heart institute acquired highly specialised equipment.

He says the successful surgery now means Ugandans will no longer have to travel abroad for triple coronary bypass.