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PRESS RELEASE

Makerere University College of Health Sciences Trains other Cadres of Health Workers for Surgical Task Sharing

The Makerere University College of Health Sciences has responded to the acute shortage of surgeons in Uganda by training other health workers to fill in the gaps, including nurses and medical officers.

While Sub Saharan Africa takes 25% of the global disease burden, it only has 3% of the global health workforce. In the case of surgery; in East Africa (Uganda included), there are 0.25 fully trained surgeons per 100,000 persons compared to 5.69 surgeons per 100,000 persons in the United States. This means, there is a quarter of a surgeon to serve 100,000 people for Uganda.

The implications of this shortage are far-reaching; there is limited access to life-saving surgical services; there is heavy surgical workload; high maternal mortality rate; high case fatality rate for injuries and other surgical emergencies; high prevalence of surgically preventable disabilities and unnecessary referrals to Regional and National Referral Hospitals.

This project is therefore focusing on the use of Task Shifting to expand the provision of essential surgical services, with the ultimate aim of increasing access to high quality life saving surgical care by among other activities piloting a training program for non-surgeon physicians (NSPs) & non-physician clinicians (NPCs).

The project is trying to answer the questions below;

- How can we improve access to quality emergency/essential surgery for the people of Uganda given shortage of surgeons?

- How can we improve the productivity and quality of outcome of surgery at General Hospitals and Health Centre IV now that there are Medical Officer and Clinical Officers and expensive theatres?

Evidence available shows that in Uganda, general hospitals and Health Centre IVs already do carry out surgical operations; these are carried out by non-surgeon physicians and non-physician clinicians without further training.

In a survey of nine hospitals in 2008, we documented that surgical output had not changed over the past ten years. The average number of operations was 3 per day. The causes of such a low output include human resource shortages and capacity.

“During the situation analysis for this project, in 25 hospitals and HCIVs, we established a desire among medical officers for surgical skills development. This desire has been demonstrated by their participation in Essential Surgical Skills training workshops. This is now being followed up with mentoring of medical officers and their surgical teams in Essential and Emergency Surgery. We expect that this will increase output therefore make better use of available human resource, make use of redundant theatres, improve access and reduce mortality rate and disability attributable to surgically treatable conditions. The project is working to cover this skills gap, to improve the quality of the services provided”, said Rev. Prof. Sam Luboga, the Project Team Leader.

The expected benefits of this initiative are multi-fold for Ugandans at different levels:

- Save lives lost due to unrelieved obstructed labour, intestinal obstruction, road traffic accidents
- Prevent disabilities due to essential surgeries not done
- Make better use of available human resources
- Utilize dormant theatres at general hospitals and HC IVs

The project is being piloted in 25 districts of Uganda, including Mukono, Mityana, Mubende, Masaka, Bugiri, Rakai, Iganga, Mpigi, Kayunga, Lyantonde, Kiboga, Nakaseke, Wakiso, Luwero, Jinja and Serere.

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