

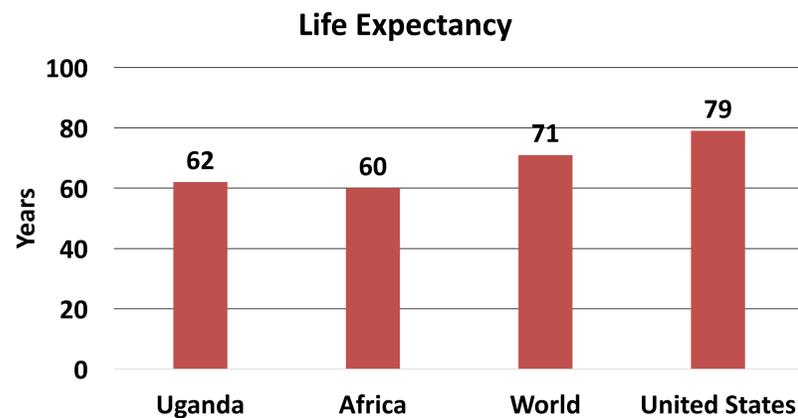
Public and Private Health Care in the Kamuli District of Uganda

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Introduction

There are many health disparities in rural Uganda that are not present in the United States. To date, there have been few successful attempts to uncover the differences between public and private health care in rural communities of sub-Saharan Africa. In many developing nations, the presence of private health care is becoming increasingly important to provide care in areas where little public health care options are available. Even with this emphasis on the private sector, little data and information exists regarding the level and quality of care that patients receive⁴. Uganda's health care performance is considered one of the worst in the world, ranking 186 out of 191 nations according to the World Health Organization³. By focusing more on the footprint and impacts of public and private health care as a collective, better policy and decisions can be made regarding the future of health care in Uganda to improve health outcomes for the nation.

Table 1. Life Expectancies across the globe¹.



Health Care Classifications

There are multiple classifications within the health care system of Uganda. These classifications are based on the facilities, services, and medical personnel available to patients².

1. Village Health Teams – community volunteers, refer patients to health centers
2. Health Center II – nurses and midwives, handle common diseases
3. Health Center III – clinical officers, functioning laboratory
4. Health Center IV & District Hospitals – wards for patients, theatre for operations
5. Regional & National Referral Hospitals – specialized clinics

Materials and Methods

In person observations and on-site interviews were conducted for 5 health practices in the Kamuli District. The practices that were visited covered a broad range of classification levels. Data and observations were collected from the following practices:

1. Dr. Were's Clinic (Private, Level Not Specified)
2. Nawanyago Health Center (Private, Level III)
3. Premier Clinic (Private, Level Not Specified)
4. Namasagali Health Centre (Public, Level III)
5. Kamuli Hospital (Public, Level IV, District Hospital)

Major Issues Identified

1. Access and Quality of Health Care
2. Antibiotic and Vaccine Concerns
3. Barriers to Economic Development

Access and Quality of Health Care

- Private practices are more abundant in the Kamuli District.
- Limited numbers of public health centers are available to serve the large patient population.
- Public health centers are larger and experience severe overcrowding.
- Private clinics had more advanced equipment that provided greater capabilities to diagnose and treat patients.
- Private clinics often received support from NGOs and faith based organizations.
- Public health care environments are less sanitary than private practices.
- Due to poor pay, public physician recruitment and retention are difficult which results in better doctors within the private system.
- Limited resources at public health centers caused providers to deny care unless a patient's situation was life threatening.



Figure 1. Immunization seminar and clinic being held at a Nutrition Education Center.



Figure 2. Multiple ISU-UP participants assisted with a busy day at Namasagali Health Center.

Antibiotic and Vaccine Concerns

- Antibiotic and pathogen resistance are primary concerns.
- Public clinics often do not have sufficient amounts of antibiotics from the government to provide full doses.
- Immunity is compromised by vaccines schedules that are not followed.
- Many mothers at the Nutrition Education Centers and clinics had difficulties adhering to strict vaccine regimen timelines.

Barriers to Economic Development

- Patients often travel many kilometers to the nearest health center.
- Due to overcrowding, visiting the public clinic often takes numerous hours and takes patients away from work and other commitments.
- If antibiotics are not available, patients must revisit the clinic each day until a shipment arrives.
- Many patients are sent from private to public clinics due to high costs in the private system.
- Illness and disease commonly destroy economic progress and force families into debt in developing nations.



Figure 3. Ambulance at Nawanyago Health Center, a private clinic with abundant resources.

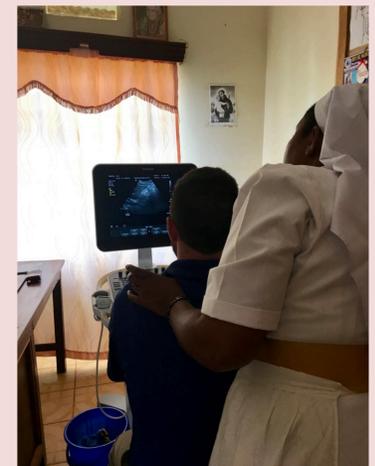


Figure 4. Private Clinics were equipped with more advanced equipment like ultrasound.

Conclusions and Recommendations

- Specifically in rural areas, private practices provide the access to care that public practices cannot.
- Patient care is often superior in private practices in rural areas.
- Provider wages should be increased to incentivize retention and recruitment of the best providers within the public system.
- Policy must be implemented to regulate affordability in private practices.
- Strict regulations must be placed on antibiotic and vaccine distribution to avoid the development of larger health issues.

Literature Cited

1. Bulamu Healthcare. "The State of Healthcare in Uganda." Bulamu Healthcare, 2018, bulamuhealthcare.org/healthcare-in-uganda/.
2. Kamwesiga, Julius. "Uganda Health Care System." Makerere University Documents, 2011, www.mak.ac.ug/documents/Makfiles/ppt/25May11/Health%20care%20system%20in%20Uganda2011.pdf.
3. Kelly, Annie. "Healthcare a Major Challenge for Uganda." The Guardian, Guardian News and Media, 31 Mar. 2009, www.theguardian.com/katine/2009/apr/01/healthcare-in-uganda.
4. Konde-Lule, J., Gitta, S. N., Lindfors, A., Okuonzi, S., Onama, V. O., & Forsberg, B. C. (2010). Private and public health care in rural areas of Uganda. *BMC International Health and Human Rights*, 10, 29. <http://doi.org/10.1186/1472-698X-10-29>