

FAMILY MEDICINE TRAINING IN UGANDA

*PRESENTATION TO PRIMAFAMED
CONFERENCE*

17-21 NOVEMBER 2008 KAMPALA, UGANDA

BY

REV PROF SAM LUBOGA
MAKERERE COLLEGE OF
HEALTH SCIENCES

OUTLINE

- Key requirements for effective delivery of health care
- Family Medicine in Europe and North America
- World distribution of Family Physicians
- Health indices
- Human Resource for Health crisis
- Family Medicine and MU and MUST
- Achievements
- Bottlenecks

KEY TO DELIVERING HEALTH CARE

- **Health professionals:**
 - appropriately trained
 - distributed according to population
 - sufficient in numbers
 - balanced in skills mix
- **Working in collaborative teams with:**
 - adequate facilities
 - drugs and supplies
 - supportive working conditions
 - appropriate supervision
 - Monitoring
 - evaluation and incentives

FAMILY MEDICINE

Started in 1960 in Europe and North America in response to:

- Rapidly expanding knowledge
- Rapid sub-specialization & hence fragmentation of care
- Depersonalization of care
- Dissatisfaction of patients and communities
- Escalating cost of care
- Desire for comprehensive, high quality care

WORLD DISTRIBUTION OF FAMILY PHYSICIANS

- 50% Physicians in western countries are FM Primary Health Care Physicians – 90% of care
- Since Alma Atta 1978 Uganda adopted a PHC strategy & has committed to UNMHCP but had almost no Family Physicians
- 80% work in urban areas whereas 80% of population live in rural areas

BLICK HEALTH INDICES

- Infant Mortality rate = 88/1,000 LB
- Under 5 mortality rate = 152/1,000 LB
- Maternal mortality rate = 505/100,000 LB
- Population growth rate 3.4% per year
- Life expectancy = 43 years at birth
- Chronic malnutrition = 38%
- 60% life years lost due to premature death from ten preventable causes

HUMAN RESOURCES FOR HEALTH CRISIS (2003 DATA)

- Doctors employed by MOH = 2,074
(Doctor: Population ratio = ranges from 1:12,500 to 1:50,000)
- Nurses employed by Government = 9,510
- Most health professionals in urban centres while 88% of populations still lives in rural areas
- The need for an all round competent doctor equipped with broad skills was recognized

MAKERERE UNIVERSITY

- Started at FOM/Makerere University in 1989 as Community Practice with assistance of CIDA
- Dean Raphael Owor & Prof John Ross (may his soul rest in eternal peace) with Steven Tunde
- Specialty rotations at Makerere/Mulago Hospital & off site training at Kiyeyi in Tororo, Mbale and Kiwoko Hospitals
- Sam Luboga briefly took charge in 2001

MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY

- Spread to Mbarara University of Science and Technology in 1997
- Masters in Integral Medicine
- Developed off-site teaching at Jinja, Kabale and Lacor Hospitals
- Makerere and Mbarara collaborate closely and have synchronized their curricula

Achievements

- 39 graduates in Uganda by 2005
- Name changed to MMED (Family Medicine)
- Curriculum revised
- FM has now got a reasonable home and more staff
- Family Medicine integrated into undergraduate curriculum

ACHIEVEMENTS

- Hosted two important regional Family Medicine projects VLIR and Primafamed
- MOH prioritized FM – sets aside 10 scholarships per year, target 400 FPs
- Proposes 1 FP/HCIV = 151, 2 FP/General Hospital = 85 and 3 FP/Regional Referral Hospital

BOTTLENECKS

- Recruitment of staff and students has been very difficult – information gap, minimum interest
- Training is constrained by insufficient resources: Human, Physical, Financial
- Invisibility: Limited space, no Association, no FM involvement in UG teaching
- Deployment, constrained by availability of positions, ban on recruitment and career path

BOTTLENECKS

- Lack of a full time head of department 1994 – date
- Lack of research, faculty growth & limited buy in within the College of Health Sciences
- Uncertainties: What will I be, Career path – promotion prospects, Employment opportunities – JD, Clinician, DDHS, Administrator?
- Practice Difficulties: Limited facilities – resources, overload, limited outreach

RECOMMENDATIONS

- Let MCHS reaffirm Family Medicine and orient all specialist to appreciate what FM is
- Overseas search for a head might be needed – Nick Busing 2001
- Intensify FM involvement in undergraduate education
- Cross appointments
- Utilization of community practitioners & appoint them preceptors with benefits
- Develop a research Committee and research agenda
- Increase resource base

RECOMMENDATIONS

- Multi-disciplinary Programme Committee and appoint coordinators for:
 - Community Based Training
 - Undergraduate Training
 - Research
- Develop more off-site teaching sites
- Develop CME Diploma courses in Practice Management – for Medical Officers
- Intensify publicity and Marketing
- Develop and diversify career path:
 - MMED to PhD to Professor
 - MOSG to Senior Consultant

OUTLINE

- Key requirements for effective delivery of health care
- Family Medicine in Europe and North America
- World distribution of Family Physicians
- Blick health indices
- Human Resource for Health crisis
- Family Medicine and MU and MUST
- Achievements
- Bottlenecks

THANK YOU FOR LISTENING
TO ME MAY GOD PROSPER
FAMILY MEDICINE!