



# SUPPORTING HEALTH SYSTEMS IN UGANDA: A Community and Health Care Workers based Perspective

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## Introduction

Health systems are taken to include all activities whose primary purpose is to restore, maintain, promote and prioritize health. This encompasses Health actions and Non-Health actions within and outside the Health Sector that lead to desired health results. Uganda's health care system is ranked in 149th place out of 191 countries in the world by WHO. There is roughly one doctor per 1,000 people (not dissimilar to many neighboring states) and its population spends 7.2% of its GDP on keeping healthy.

Uganda's health system, like other systems, aims to achieve and sustain good health for its people. The Health system has been evolving over the last 3 to 4 decades to handle emerging concerns and challenges to the health situation in the country. Health Care Delivery has mostly been through modern and Traditional practices.

## Results

- Twelve out of the 22 of the health facilities, especially health center III's and IV's, did not have a line budget to respond to any pandemics when there was a threat in nearby country. The majority (n = 13) of the facilities did not have the following: case definition books, rapid response teams and/or committees, burial teams, simulation drills.
- There were no personal protective equipment that could be used within 8 hours in case of an EVD outbreak fourteen of the health facilities. All facilities did not have Viral Hemorrhagic Fever (VHF) incident management centers, isolation units, guidelines for burial, and one-meter distance between health care worker and patient during triage.
- Overall, 54% (n = 102) of health care workers (HCWs) did not know the incubation period of EVD. HCWs who had tertiary education (OR = 5.79; CI = 1.79 – 18.70; p = 0.003), and were Christian (aOR = 10.47; CI = 1.94 – 56.4; p = 0.006) were more likely to know about the biology incubation period, causes and prevention of EVD.

## Methods

- A cross sectional descriptive study was conducted by interviewing 189 health care workers using a structured questionnaire and visits to 22 health facilities to determine the level of health care system preparedness to pandemic outbreak.
- District level infrastructure capabilities, existence of health facility logistics and supplies, and health care workers' knowledge of Ebola Virus Disease (EVD) was assessed.
- Pandemic Preparedness that is for EVD was assessed on infrastructure and logistical capabilities and the level of knowledge of an individual health work about the etiology, control and prevention of EVD.

## Conclusion

Feedback on the level of preparedness for the rural districts helps inform strategies for building capacity of these health centers in terms of infrastructure, logistics and improving knowledge of health care workers.

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