



SEED GLOBAL HEALTH IN UGANDA

Since 2013, Seed Global Health (Seed) has worked in Uganda, in close collaboration with the government and our in-country partners to train health professionals in order to ensure access to high-quality care.

The country has been at the forefront of developing and implementing innovative public health strategies, enabling it to make significant strides in improving the health of its citizens. However, critical gaps remain in meeting Uganda's growing health needs and in ensuring the delivery of essential health services.



THE CHALLENGE

Uganda's increasing economic growth, rapid urbanization, and population boom have resulted in a double burden of communicable and noncommunicable diseases. The country's health system is primed to manage acute, predominantly infectious diseases. However, it is not yet ready to handle this shifting burden of disease. Despite recent gains, maternal, newborn, and child mortality remain unacceptably high. UNICEF estimates that 1 out of 36 Ugandan women will die of a complication related to pregnancy or childbirth. Over half of deaths in low- and middle-income countries are caused by conditions that could be addressed by effective emergency care.¹ In Uganda, less than 25 percent of the level IV health centers (the first level of health facilities designated to provide emergency care) offer 24-hour emergency care. Health workforce shortages remain a key bottleneck to provision of appropriate health services in the country.

Health workers are the missing link that will bridge the gaps in access to care and accelerate movement toward universal health coverage (UHC) and achieving Sustainable Development Goal 3 (SDG 3) and many of the others.

THE SOLUTION

Seed's model is built around the basic but essential belief that long-term sustainable partnerships, rather than temporary gap-filling measures, deliver more lasting and meaningful improvements in a country's health ecosystem. We believe in the power of people to effect and sustain changes in health education, delivery of care, and health systems. As such, we are intentionally focused on human resource for health capacity-building at the individual, institutional, and national level through sustained collaborative engagement with our partners.

Physicians, nurses, and midwives possess the advanced training and expertise critical to addressing the double burden of communicable and noncommunicable diseases that taxes Uganda. In order to tackle these health challenges and make UHC a reality in the country, we need to make the essential investment in health professionals. Seed's core strategy centers on placing skilled and qualified physician, nurse, and midwife educators in visiting faculty roles at partner institutions in Uganda for a minimum of one academic year. We provide a diverse and complementary package of services that range from curriculum co-development to practice improvement to issue-based advocacy.

By supporting the training of health professionals, we increase the supply of essential skilled health workers that are locally-trained and locally-rooted, able to meet the specific health needs of their communities. Additionally, these health professionals go on to train future generations and take on leadership positions within the health system, serving as agents of change.

1. Humphreys, G. (April 30, 2019). *Improving Emergency Care in Uganda*. Retrieved from: <https://www.who.int/bulletin/volumes/97/5/19-020519/en/>



Our goals and priorities in Uganda are driven by our vision and critically, by the needs of the country, partner institutions, and communities we serve. Based on our expertise, previous experience in Uganda, and the government's health priorities, Seed supports two key focus areas in the country:

Emergency Care

1

Medical emergencies are a leading cause of morbidity and mortality in Uganda.² A strong emergency care system can address the wide-range of common medical, surgical, and obstetric conditions that burden populations and has the potential to prevent nearly half of deaths and more than a third of disability in low- and middle- income countries, Uganda included. Lack of emergency care faculty to provide training and leadership in the country is a key challenge. Additionally, there are limited programs for training emergency care specialists. The country is yet to graduate a single locally trained emergency physician.

Maternal, Newborn, and Child Health (MNCH)

2

Maternal, newborn, and child mortality is high across the country. Limited access to skilled health professionals before, during, and after child birth is one of the central bottlenecks to reducing maternal mortality to the SDG target of 70 per 1000 live births. Compared to the US where 99 percent of deliveries are attended by a skilled health worker, only 55 percent of the deliveries in Uganda are attended by a skilled practitioner. There is a dire need to improve the number, competence, and distribution of essential health workers.

OUR STRATEGY

To ensure lasting change, our work in emergency care and MNCH is structured around our three interrelated strategic pillars: education, practice, and policy.



EDUCATION

Seed strengthens the quality of health professional education by engaging partner institutions and their faculty and staff so that institutions are better able to provide quality training/teaching in medicine, nursing, and midwifery.



PRACTICE

Seed enhances the quality of clinical practice by strengthening the skills of local health providers, faculty, and students/trainees through mentorship and training.



POLICY

Seed advocates globally and in-country to elevate policies that support strong health professional education and practice and create an enabling environment for health workers to deliver care.

This holistic approach enables Seed and our Ugandan partners to build out complete and strong health workforce teams that can provide their patients with high-quality care and improve health outcomes across the country.

2. Makerere University School of Public Health. (May 2018). A National Survey on the State of Emergency Medical Services in Uganda. Retrieved from: <http://emergencymedicineuganda.org/wp-content/uploads/2018/12/STATE-OF-EMERGENCY-MEDICAL.pdf>



OUR GOAL IN UGANDA

To equip physicians, nurses, and midwives to deliver quality care, provide ongoing education across the health workforce, hold health leadership positions, and ensure the resiliency of Uganda's health system.

Ultimately, this will ensure that good health becomes the right of all and not the privilege of a few.

IMPACT IN UGANDA

55

Physician, Nurse, and Midwife Educators who worked alongside local Ugandan faculty to teach over 2,500 trainees in specialties ranging from emergency medicine to pediatrics.

UGANDA AT A GLANCE

Population: 42 million
Medical School: 12
Degree Awarding Nursing Schools: 13

Physicians, nurses, midwives:
4 physicians and 9 nurses per 100,000 people

ADDRESSING ANTIMICROBIAL RESISTANCE

Drug and antibiotic resistance is increasingly becoming a global problem, threatening treatment to common infectious diseases and risking patient care and health. It is the next emerging epidemic. To get ahead of it, since 2016, Seed has collaborated with various stakeholders to host the Uganda National Conference on Antimicrobial Resistance (AMR). In partnership with a local colleague, the conference was first co-established by a Seed Physician Educator who noticed that a number of her patients were not improving as expected after a series of antimicrobial treatments. The conference now brings together human and animal health sector stakeholders to collaborate on policies and strategies to fight AMR. What started as a discussion between concerned colleagues in a hospital ward has grown into a national platform to design efforts to mitigate AMR in Uganda, and the world, preventing unnecessary deaths and helping the country become a regional leader in this critical fight.

USING MENTORSHIP TO STRENGTHEN MIDWIVES' CAPABILITIES

Lira University is the only university in Uganda's northern region training midwives, a crucial step to providing quality care to mothers and babies in the previously conflict-ravaged community. To enhance the learning of midwifery students in the clinical setting, a Seed Nurse Educator took a different approach—focusing on the midwives in the hospital who mentor students from the university. The educator organized trainings for the Lira Regional Referral Hospital (LRRH) midwives to increase their use of evidence-based practice and ensure that appropriate knowledge and skills are transferred from teachers to students. Now, as local midwives mentor students in LRRH, they can ensure that their successors are prepared to deliver quality care to patients. Majority of Lira's graduates to date work in the North, improving care in the deeply needy area.