

PRESENTATION AT THE PHARMACY PROGRAMME

STAKEHOLDERS MEETING
GULU MEDICAL SCHOOL

by

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Health Fact about Uganda

- Growth 3.2 % / year
- Gender mix 51% female, 49% male
- Population now ~ 29 million;
2020 ~ 43 million
- **Additional in 15 years ~ 14 million**
- **Population Shift**
- Urban increases from 13% to 16%
- Rural drops from 87% to 84%
- life expectancy is 52 years from 2008.
- about 50% of population is 15 years and below.
- out 38% of the population lives below the poverty line.

Utilisation of Maternal Services

- Accessibility to facility based health services is low, at about 72% of the population.
- The utilization of maternity services remains quite low.

though over 90% of pregnant women attend antenatal clinic at least once during pregnancy, less than 40% deliver at health facilities.

- Maternal mortality ratio (MMR) is 435 per 100,000 live births
- contraceptive prevalence rate is 23.7% and
- unmet needs for family planning are 40.6%.

- Neonatal Mortality Rate 29 per 1000 live births
- Infant mortality rate (IMR) is 76 per 1,000 live births, while
- under-five mortality rate is 152 per 1,000 live births.
- under-five mortality rate stands at 137 deaths per 1,000 live births.
- Under-weight prevalence is 16% while;
- stunted growth is 38.5% and wasting has increase to 6%.
- Total Fertility Rate is 6.5, while

Adolescent Health Services

- Teenage pregnancy estimated at 25% in 2006 significantly contributes to overall MMR in Uganda.
- ~ one million women get pregnant in a year, and an estimated 6.5% of them living with HIV.
- With an average mother to child HIV transmission rate of 30%, it is estimated that about 20,000 children would be infected with HIV every year

HEALTH STATUS IN UGANDA

- Over 75 % of burden of disease is due to 10 preventable diseases.
- The prevalence of HIV /AIDS is 6.1 % and it remains one of the leading causes of morbidity and mortality.
- magnitude of HIV infection among the reproductive age group 15 – 49 years in Uganda is high.
- polio and guinea worm were nearly eradicated and the prevalence of other vaccine preventable diseases still exists. This has been due to cross border migration remains a challenge.
- Malaria, malnutrition, respiratory tract infections, AIDS, tuberculosis and peri-natal and neonatal conditions remain the leading causes of morbidity and mortality.
- Seventy percent of overall child mortality is due to malaria (32%), peri-natal and neonatal conditions (18%), meningitis (10%), pneumonia (8%), HIV and AIDS (5.6%) and malnutrition (4.6%).

HEALTH STATUS IN UGANDA

- NCDs are an emerging problem due to multiple factors such as adoption of unhealthy lifestyles, increasing life expectancy and metabolic side effects resulting from lifelong antiretroviral treatment.
- Neglected Tropical Diseases (NTDs), including those targeted for eradication, are still occurring in Uganda.
- Gender inequalities including sexual and gender-based violence (UBOS, 2007) remain a major hindrance to improvement of health outcomes.
- Seventy five percent (75%) of the disease burden in Uganda however is still preventable through health promotion and disease prevention.

Child Health outcomes during the HSSP I & II

	1990	1995	2000	2008/9	PEAP Targets (2007/09)	MDGs target (by 2016)
IMR	122	81	88	76	68	Reduced by 2/3 i.e. to 41/1,000 live births
> 5 Years	180	147	152	137	103	Reduced by 2/3 i.e. to 60/1000 live births
MMR	527	506	505	435	354	Reduced by 3/4 i.e. to 131/100,000 live births
Chronic Malnutrition	38	38	39	31.8	28	Reduced people suffering from hunger by 1/2 i.e. to 19%
Immunization (measles)	31	47	37	68.1	-	Reduced by 2/3 prop. Of one yrs old children not immunised against measles i.e. to 67%
Immunization (DPT)	-	-	83%	63.9	90%	-
Deliveries > skilled personnel	38	37.8	39	41	45	Reduced by 3/4 births note attended by skilled personnel. i.e. from 62 % to 15%:

Current Health workforce

- Total health service staff now ~ 59,000 (45% in public sector).
- Public sector nurse to doctor ratio now 6.3
- Public sector allied health staff currently 20% of current workforce.
- Semi – skilled and unskilled staff are ~39% of public sector workforce.
- Personnel expenditure ~57% of total recurrent budget
- **Population to health worker ratio now ~452:1**
- New annual graduates (all disciplines) now ~2,770
- Loss rates out of health sector varies by cadre between 2.5% and 6.5% per year.

Vacancies available in the Public sector

Level of facility	Numbers
Mulago National Ref Hospital	7
Butabika National Ref Hospital	3
•Regional Ref Hospitals	14
General Hospitals	116
TOTAL	140

Distribution of Pharmacists in Uganda

Public Sector	
•MOH Hqtrs	4
•Mulago National Ref Hospital	6
•Butabika National Ref Hospital	3
•Regional Ref Hospitals	12
General Hospitals	0
PNFP	6
PRIVATE	404
TOTAL	435

Graduating pharmacists/ Pharmacy Technician

Institution	Pharmacists	Pharmacy Technician
MUK	30	
MUST	10	
KIU	10	30
Paramedical school	-	40
Total numbers of graduates	50	70

Annual Projections for production of pharmacists

Institution	Pharmacists	Pharmacy Technician
MUK	60	40
MUST	10	-
KIU	10	30
Paramedical school	-	40
Total numbers of graduates	80	130

Challenges in the production and absorption of pharmacists

- [The role of pharmacists ...](#)

by S Azhar - 2009 - [Cited by 3](#) - [Related articles](#)

Due to the increasing demand for *pharmacists* in public health, WHO recommends a ratio of one *pharmacist* per 2,000 *population* in order for optimal health care . **[24,000 pharmacists]**

- Future vision and challenges for hospital pharmacy by MP Matsoso - 2009 -; Malebona Precious Matsoso, Director, Public Health Innovation and Intellectual Property, World Health Organization, Avenue Appia 20, 1211

- *Pharmacy* has moved from the historical orientation of product-focused service to ... standard as to what the norm for hospital *pharmacist*: *population ratio* should be. ... Task shifting has been *recommended*, mainly informed by a country's .

Studies

- **Malaysia likely to meet WHO pharmacist-to-population standard by 2017** (Source: Global Times of 17 June 14 2010)
- Malaysia is projected to have a pharmacist-to-population ratio of 1: 2000 by 2017, the standard suggested by the World Health Organization for a developed nation.
- Malaysian Health Minister Liow Tiong Lai made this remark when launching a pharmacy program at a school of medicine near here on Monday.
- Liow said that the total number of registered pharmacists in Malaysia stood at 7,298 last year, giving a ratio of one pharmacist to 3,878 population.
- "We expected that the number to hit 22,000 in 2020," said Liow.

According to the minister, there were only about 30 pharmacists in the country in the 1950's and they were mostly involved in the procurement of drugs and drafting of various regulations related to pharmacists and the pharmacy practice.

However, Liow said the scenario had changed over the last five decades.

"Before pharmacists in the country were mandated to serve the public sector for three years before involving themselves in the private sector in 2004, only 15 percent of the pharmacists served in the public sector. But the percentage has increased to 51 percent in 2009," said Liow.

Studies

- The sector distribution of pharmacists indicates that only 26% of pharmacists are employed in the public sector, which figure includes pharmacists in academic and administrative positions. This maldistribution requires serious investigation as approximately 80% of the population is served in the public sector.
- The pharmacy distribution indicates that of the 3,627 pharmacies registered with Council, 74% are retail (community) pharmacies, including private hospitals. Although less than 20% of the population is located in Gauteng, 36% of retail (community) pharmacies are situated in this province (*The Production and Distribution of Human Resources in Pharmacy; Technical Report to Chapter 10 of the 1998 SA Health Review*).

Procedure for the programme

1. Photograph the environment
2. Write a project proposal
3. Form a taskforce committee
4. Identify and contact key stakeholders
5. Hold stakeholders consultation meetings

Issues for the Medical School to consider

- What is the strength of the university in view of the market demand.
- What are the annual requirements in comparison to the university project proposal.
- Are we moving towards satisfying the market/quality?
- Is the university liberal to allow people sponsor themselves?
- Funding levels.
- Knowledge of sources of funding, amount and the gaps.
- Existing gaps and inequities.
- Staffing levels vis~vis students population.
- Skills available
- Availability of infrastructure for theory and practicum.

THE END

Thank you