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# UGANDA UK HEALTHCARE SUMMIT HOSTED AT BRITISH MEDICAL JOURNAL LONDON ON 30<sup>TH</sup> APRIL 2016 #ugandahealthcaresummit





## Opening remarks from the Uganda UK Health summit **Chair; Mr Moses Mulimira (PhD Candidate)**

The World Health Organization has previously identified the emigration of healthcare workers as the most critical problem facing health systems in African countries. However, despite this documented negative impact of the brain drain of health professionals from Africa, there is an argument that transnationally oriented medical migrants (or diasporas) can act as development agents for their countries of origin. Financial remittances, in particular, are said to have substantial potential for transformative development and can reduce the number of people living in poverty. African countries are also expected to benefit from the transfer of knowledge and skills, which is exchanged through the return of health professionals from abroad.

### **Ugandan medical diasporas as a foundation for sustainable health development in Uganda**

Since Uganda's past economic and political crisis led to the emigration of many healthcare workers whose skills and experience are valued in other countries, engaging those diasporas has been a key policy of the current Ugandan government, which has set up a Diaspora Desk within Ministry of Foreign Affairs.



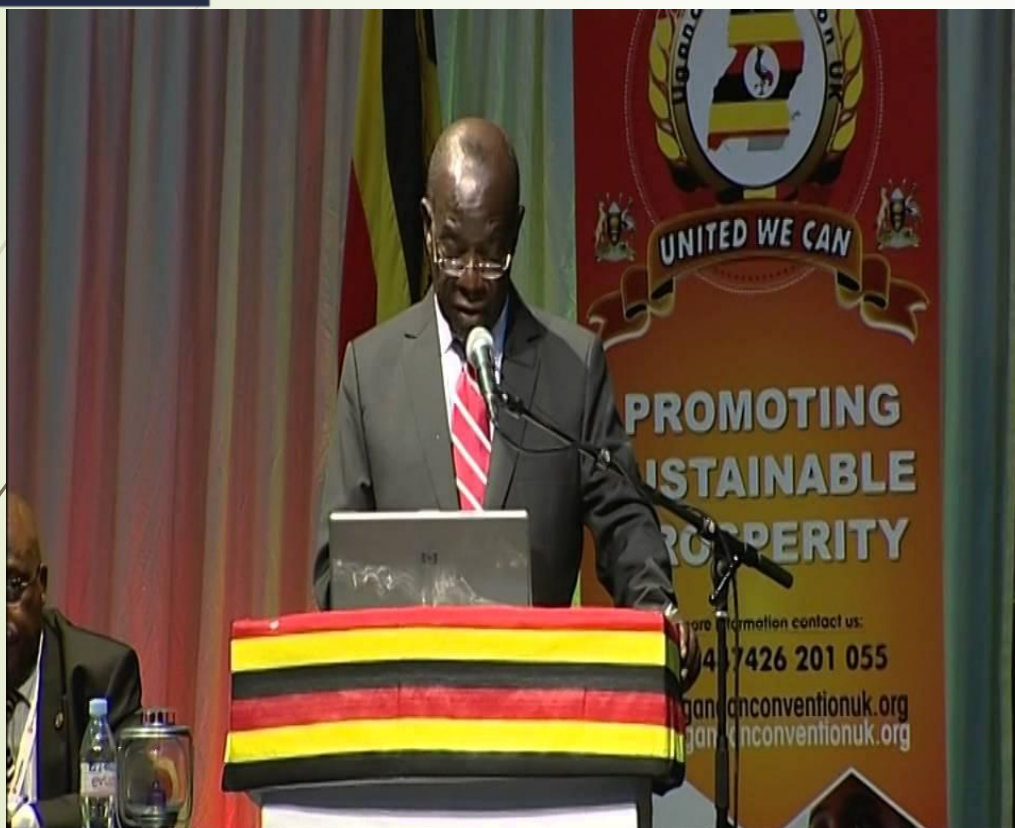


## Uganda Government Engagement of Ugandan Diasporas in UK

There is considerable enthusiasm by the Ugandan government around the idea of engaging the diasporas and, given the low likelihood of permanent return for Ugandan healthcare diasporas, engagement with these workers offers the best policy alternative for Uganda.

In additional, there is a large amount of goodwill among the Ugandan healthcare diaspora in the UK, with many willing to contribute in various ways to the redevelopment of Uganda and the UK's health delivery systems. However, this could be in the form of contributing for short periods of time in Uganda and going back to their bases in the UK, where they can also innovate healthcare services through the learning they've brought back.

# Rt. Hon Edward Ssekandi, Vice President of Uganda, engagement of UK Diaspora communities



Rt. Hon Edward Ssekandi, Vice President of Uganda keynote speech at the 2014 Uganda-UK Convention( [www.ugandanconventionuk.org/](http://www.ugandanconventionuk.org/))







# The Uganda UK Health summit Chair; Mr Moses Mulimira Engagement with Uganda ministry of health



**Permanent Secretary for Health Dr Asuman Lukwago, Uganda (left).**

**(L- R)Dr Tracy Eastman, Director for PACK British Medical Journal with Professor Nelson Sewankambo Makerere University, College of Health Sciences.**

**(Left) Dr Katumba Ssentongo Registrar for Uganda Medical and Dental Practitioner Council.**

# Diaspora Engagement of Prime Minister of Uganda



**Rt Hon. Dr Ruhakana Rugunda, Prime minister of Uganda and Mr Willy Mutenza, Chairman Uganda Convention in UK after a productive meeting on Diaspora issues, investors.**





# The Uganda Healthcare Summit 2016: summary remarks by Hon Jaffer Kapasi, OBE



- ▶ The Uganda Diaspora Health Foundation identified a need for a Uganda Healthcare investment forum hence, partnering with Uganda UK Business Convention to create the first Uganda Healthcare Summit on 30<sup>th</sup> April 2016.
- ▶ This Uganda Healthcare Summit 2016 aimed to bring together large delegations of Uganda government officials, policy makers, research and development institutions, senior hospital directors & CEOs and healthcare professionals to United Kingdom to network with international healthcare experts, investors and solution providers. The Summit was a completely unique opportunity for any company involved in or looking to use Uganda as a hub to enter East African health sector with a common interest in the future of Uganda healthcare.
- ▶ The Uganda Healthcare Summit 2016 examined the latest healthcare developments in Uganda; assessing current reforms with a structured blend of stimulating topical sessions.
- ▶ The theme for the summit could not have been timelier, as Uganda is enduring high economic growth. However, despite the positive growth outlook, challenges in healthcare sector remain post Millennium Development Goals towards a need for encouraging healthcare investment in achieving the Sustainable Development Goals. This is an indication of healthcare investment opportunities to fill the deficit gaps



## **British Medical Journal Remarks on Global Health Perspective Dr Trish Groves; BMJ Deputy Editor**

Dr Trish informed participants of the BMJ Global Health perspective that seeks to address the information problem in global health by being a vibrant discussion forum; an open and inclusive forum that brings together and addresses the broad community of global health stakeholders. Dr Trish also informed participants of the BMJ Global Health Journal which is an Open Access, online journal from BMJ dedicated to publishing high-quality peer-reviewed content relevant to those involved in global health, including policy makers, funders, researchers, clinicians and frontline healthcare workers.

Delegates were given an opportunity to explore some of BMJ products relevant to Uganda including PACK tool, Best Practice Guides and learning materials.





## **British Medical Association, Dr Terry John Chair of International Committee programme BMA**

### **Remarks on Global Health Perspective**

In his Remarks on Global Health Perspective, **Dr Terry John** welcomed delegates and shared about BMA international work. He highlighted that the International Committee campaigns and gives advice on European and international policy issues, of interest to the medical profession.

It has discussed and campaigned on issues such as:

- Mutual recognition of European medical qualifications
- the effects of Government changes to the immigration rules on BMA members
- Protecting the health and rights of workers manufacturing medical products used in the NHS.
- The BMA Information Fund provides health information and educational materials to health focused organisations in developing countries.



## **Tropical Health and Education Trust Uganda (THET)**

*Sir Professor Eldryd Parry, KCMG OBE*, Founder of Tropical Health and Education Trust ( THET) informed delegates that THET has been working in partnership training health workers and strengthening the health system of Uganda. Uganda has Many THET supported programmes and he now THET aims to create a base in Uganda where it will increase its capacity building activities in partnership with the ministry of health and Partners



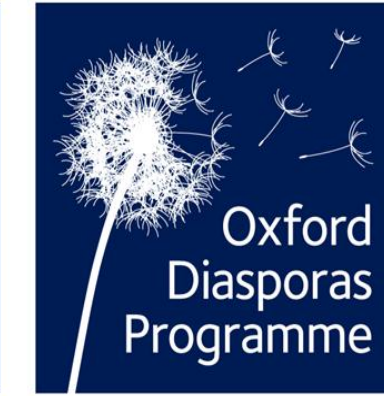


## **Keynote Address: Lord Dolar Popat UK's Prime Ministerial Trade Envoy to Uganda and Rwanda.**

Lord Popat informed delegates of his journey to UK . Lord Popat was born in Busolwe, Butaleja in 1953 and was brought up in Tororo region of Uganda , before being forced to flee to Britain from Idi Amin at the age of 17 .

He spoke about Uganda as one of the fastest growing economies in Africa and his role to maintain and develop close and co-operative relations between the UK and Uganda

**Lord Popat donated \$100,000 of his money to support rural health care in Tororo. He also encouraged other key interested parties to offer similar seeding support.**



## Dr Jeremy Howick at Centre for Evidence Based Medicine, Oxford University-UK

Highlighted the growing recognition of the need to maximize efforts to bring evidence into practice in low-resource settings, following realization that the gap between evidence and practice in developing countries results in ineffective treatments that drain health systems.

**He recommended that international agencies and ministries of health work together to implement integrated quality improvement processes in clinical practice so as to improve outcomes.**

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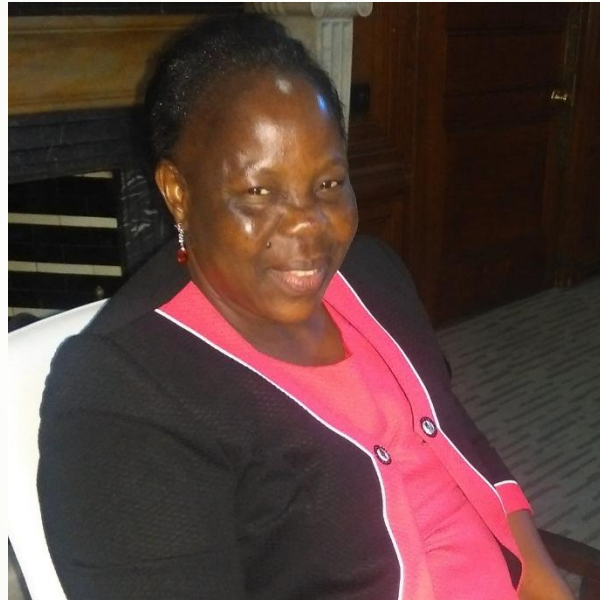


# MINISTRY OF HEALTH

REPUBLIC OF UGANDA



## Uganda Health Sector and Partnership Opportunities



Catherine Betty Odeke  
Commissioner Health Services –Nursing & Midwifery  
Ministry of Health  
30<sup>th</sup> April 2016



# MINISTRY OF HEALTH

## REPUBLIC OF UGANDA



### The Health Situation in Uganda

As most low-income countries, Uganda faces a heavy disease burden due to poverty.

Although most health indicators are improving, development is slow and interventions in the health sector are necessary

Its important to note that Uganda has made significant progress in improving access to HIV/AIDS treatment and access to safe water.

On the other hand, progress has been slow for the goals related to child and maternal mortality, access to reproductive health services, and control of malaria and other communicable diseases.

The non-communicable diseases, NCDs, such as mental illness , diabetes mellitus, cardiovascular diseases, chronic respiratory diseases and some forms of cancer are increasing in Uganda. The increase in NCDs is claimed to be attributed to multiple factors such as adoption of unhealthy lifestyles, and increasing ageing population





# MINISTRY OF HEALTH

## REPUBLIC OF UGANDA



## Maternal health

The high levels of maternal mortality in Uganda are attributed to high fertility, high incidence of infectious diseases, poverty and poor health services for pregnant women. Women often report to the hospitals too late in their labour process.

Specific challenges in addressing maternal health problems include inadequate funding; lack of skilled health workers is the underlying cause in 38 % of the maternal death.



## Investment Opportunities in the Health Sector

- The needs are immense in the Ugandan health sector, and there is a desire to establish new partnerships in all areas and on all care levels, both private and public. However, the areas that are emphasized as areas with business opportunities are:
- focus are on communicable diseases and there is still room for more partners, innovations and businesses
- Management, HR training, e-health solutions and logistical support are areas with plenty of business opportunities in both public and private sectors.
- Research, innovation, and affordable equipment adjusted to the Ugandan reality are also emphasized by stakeholders as being areas with opportunities for UK investing partners





# MINISTRY OF HEALTH

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## Business climate of Ugandan health sector

- Time is ripe for new partnerships and business relations in the Ugandan health sector. The business environment is relatively supportive, and the economic and political situation is stable enough to provide favourable conditions for long-term relationships and Investments .
- Uganda is one of 19 members in COMESA, the Common Market for Eastern and Southern Africa and The East African Community (EAC) .
- The health sector has developed quickly over the past five years, especially the private sector.
- Trends imply that a demand for specialist care and high quality treatment will grow as prevalence of non-communicable diseases increases.
- In this process, relationships with foreign partners will be essential.



# Uganda UK Health Alliance



**Professor Ged Byrne**  
**Co Chair of Uganda UK Health Alliance**





Diaspora bring together Professor Ged Byrne and Her Excellency Professor Joyce Kikafunda Uganda High Commission

## Uganda UK Health Alliance (UUKHA) - NHS Global Health Exchange

- ▶ UUKHA is a partnership of UK based and Uganda based organisations that share a common interest in health developments in Uganda. Following the success of the Proposal Presentation, the Government of the Republic of Uganda signed an MOU which saw the formal creation of the alliance.
- ▶ the purpose of the alliance is to:
- ▶ Support Ugandan Government
- ▶ Provide opportunities for learning, development and research
- ▶ Improve Uganda:UK coordination
- ▶ Promote internationally-recognised standards
- ▶ Assure value for money



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*Lesley-Anne Long; Global Director mPowering Frontline Health Workers organisation, a public-private partnership focused on ending preventable child and maternal deaths, highlighted the need by **Strengthening Frontline Healthcare Workers in low and middle income countries using Mobile technology.***





**Mr Raja Shankur Principle IMS Health Pharma Group**, looked at the ethical implications of how growing commercialization of health care have become a matter of heated controversy. Those favoring the trend toward health care for profit claim that an increased role for entrepreneurs and competition in the delivery of health care will result in a more efficient and effective health care system. For others, the pursuit of profit is antithetical to the values central to medicine.

**Raja argued that with the growing burden of disease in low resource settings, there is an opportunity for commercial companies to Treat More Patients And Make Money In Africa by increasing the volume of patients being treating or reached hence , reducing the overall cost price for the drugs.**



## BRAC healthcare model in Uganda: The Largest Global Anti-Poverty Organization

*Katie Allen BRAC Director for Communications informed delegates about Brac Uganda which Started from a modest launch in 2006. Uganda is the site of BRAC's largest and fastest scale-up in Africa. There are currently programmes operating in microfinance, small enterprise, agriculture, poultry and livestock, health, education, youth empowerment, adolescent livelihood, and the Karamoja Initiative. To date the programmes have served 4.4million people, which is almost 12% of Uganda's population.*





# The Relationship between Agriculture, Nutrition and Health

**Her Excellence, Professor Joyce Katuramatsi Kikafunda , Uganda High Commissioner, UK**

Presented on the significant movement globally and in Uganda on addressing issues of nutrition and health in vulnerable populations including women and children. She identified this as especially important since approximately 0.5 million women die each year of pregnancy related complications linked under nutrition, while more than 5 million pre-school children die of preventable causes due to the combined effects of disease and under nutrition.



# Safe Surgery Innovations in Uganda

**Dr John Sekabira Head of Paediatric Surgical Services Mulago National Referral Hospital in Uganda;** spoke about Uganda's first ever operating theatre dedicated to paediatric surgery. Over 20 million children live in Uganda, but up to now there existed no theatre designed just for them. Dr Sekabira and his colleagues have worked hard to achieve this development, assisted by the money raising efforts of ARCHIE, the official charity of the Royal Aberdeen Children's Hospital.





CENTRE FOR GLOBAL  
MENTAL HEALTH



## Reducing the Global Burden of mental health diseases

*Professor Graham Thornicroft* Centre for Global Mental Health, King's College London, discussed the various programmes where researchers help governments and non-governmental organisations worldwide, to develop and implement locally appropriate policies, services and training to promote mental health, prevent illness and treat and support people with mental health problems and their families.

These include WHO's Mental Health Gap Action Programme (mhGAP) helps WHO member states tackle the 'treatment gap' –the gap between services that are needed and services that are available. This includes the production of WHO's practical international guidelines for use by primary health care practitioners for Mental Health and Substance Abuse in various countries including Uganda, through [PRIME](#), (Programe for Improving Mental Health Care 2011-2017), funded by the UK's Department for International Development and [EMERALD](#) (Emerging Mental Health Systems in Low and Middle Income countries, 2012-2017) is helping to improve services and support for people with mental health problems in the same countries as PRIME. EMERALD is funded by the European Union's 'Seventh Framework Programme'.



**Dr Nick Bass;** Consultant Psychiatrist and Director of Medical Education, East London NHS Foundation Trust

Look at the idea of Turning the World Upside Down with fresh insights over the transformation of global health that brings all societies, rich and poor together, into an interdependent health world where opportunities for learning and solutions, both local and global, can be greatly enhanced by adopting a global outlook.

He argued that health in United kingdom would benefit from mutual global health links especially in areas such as

Fostering better links with local diaspora

- Increasing cultural awareness
- Increasing health issues awareness
- Improving your clinical knowledge/skills
- Developing leadership





## Malaria Control intervention updates in Uganda

Malaria deaths have plunged by 60% since 2000, which means millions of childrens' lives have been saved. Bed nets have helped, but we're still very far from eradicating the disease according to **Dr James Tibenderana, Development Director of the Malaria Consortium.**



## Universal Health Coverage and Patient Safety & Quality

**Dr Ian Spillman, Kisiizi Hospital,** highlighted the fact that Patient safety and quality is an integral aspect of a successful Universal health coverage in Uganda. This is enhanced by the Kisiizi Community Health Insurance Scheme, the oldest community health insurance scheme in Uganda, with over 36 000 beneficiaries residing up to 60 km from Kisiizi. The insurance scheme aims to provide affordable access to quality health care for vulnerable, poor communities, with an annual premium for acute health-care cover equivalent to about US\$2.8. Kisiizi has partnered with WHO to work on linking universal health coverage with patient safety, and quality.





## 111 Service in Developing Countries

**Mo Girach** who is the *CEO, 111 Service for NHS & Partnership of East London Co-operatives Ltd*, argued for increase to access to health care in Uganda by telephone based system similar to NHS 111 service . He conveyed that this is the best way to provide a highly organised out-of-hours health care in resource limited settings where use of mobile technology is increasing. The telephone” (at the health centre) ” is permanently manned and the patients are not involved in the delays of a post office diversion system. In the evening the telephone is answered by an experienced registered general nurse who can give advice where it is appropriate. In the event of a visit being required the nurse is able to contact the doctor on duty by radiotelephone



**Mr Taha Coburn-Kutay ; Chairman, UK Asian Business Council (UKABC)**, argued for Ministry of health in Uganda to support international business opportunities to support its efforts in developing *e-Health platforms and programmes to improve healthcare services and facilities in Uganda and beyond. He argued that this will transform the way we manage health care in resource limited settings in Uganda.*



# Panelists Discussions



Chaired by



**Professor Richard Smith, CBE,**  
Chair of ICCBIDR







**Uganda**  
Diaspora Health Foundation



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**Uganda UK**  
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# MINISTRY OF HEALTH REPUBLIC OF UGANDA



**malaria consortium**  
disease control, better health



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## Thank you to the Organising Committee of Uganda UK Healthcare Summit 30<sup>TH</sup> APRIL 2016

- *Hon Jaffer Kapasi OBE, Honourable Consul General to Uganda*
- *Moses Wasswa Mulimira, Uganda UK Healthcare Summit Chair & Co-Founder of Uganda Diaspora Health Foundation*
- *HE Prof Joyce Kikafunda, Uganda High Commissioner to UK*
- *Lord Sheikh,*
- *Lady Sheikh,*
- *Dr Tracy Eastman British Medical Journal*
- *Arthy Santhakumar British Medical Association*
- *Prof Rajan Madhok Global Health Exchange/Uganda UK Health Alliance*
- *William Mutenza Chair of Uganda Convention,*
- *Dr Johanna Riha*
- *Mariam Aligawesa co Founder of Uganda Diaspora Health Foundation*





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