UGANDA MEDICAL ASSOCIATION

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RECEIVED
03 APR 2023
SECURITY REGISTRY
OFFICE OF THE PRIME MINISTER

30th March 2023.

Our Ref: ***U.M.A/SG/20230330***

MINISTRY OF HEALTH
REGISTRY
03 APR 2023
RECEIVED
IN PRMS

The Permanent Secretary,

Ministry of Public Service (MoPS)

Plot 12, Nakasero Hill Road,

P.O. Box 7003, Kampala (U).

Dear Madam,

RE: **UGANDA MEDICAL ASSOCIATION PROPOSALS ON THE NEW HOSPITAL STRUCTURES FOR THE GENERAL, REGIONAL REFERRAL AND NATIONAL REFERRAL HOSPITALS.**

FRONT DESK OFFICE
03 APR 2023
PARLIAMENT OF UGANDA

The above subject matter refers.

Receive our warm greetings.

Reference is made to your Letters [ref: **MSD 135/306/02 Vol. 66, written to: The Executive Director, Mulago National Referral Hospital, All Senior Executive Consultants (Heads of Regional Referral Hospitals), and Chief Administrative Officers, District Local Governments dated 9th March 2023].**

We greatly appreciate the Ministry of Public service for ensuring that Ugandans have the quality health care they deserve.

We acknowledge the need for revising the structures of our Health facilities from National Referral Hospitals to the lowest health facility, it has been long overdue.

However, after scrutinizing the newly released structures above referenced, we have noted some gaps below that require urgent attention before implementation.

HEALTH SERVICE COMMISSION
03 APR 2023
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KAMPALA

MINISTRY OF FINANCE, PLANNING & ECONOMIC DEVELOPMENT
P. O. BOX 8147, KAMPALA
03 APR 2023
REGISTRY
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TIME:.....

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A) GENERAL CONCERNS

i. The number of Doctors at all levels from General Hospitals to National Referral Hospitals is still insufficient to match the population health care demands and to ensure proper command and hierarchy. Currently, most Regional Referral Hospitals do not have super specialists at the Consultant level, it is of concern how the line of management will be handled; does a super-specialist MOSG report to a non-super specialized Consultant? This should not and cannot be the case.

ii. The nomenclature of "Medical Officer Special Grade" (MOSG) seems to be misleading and that is why they are treated like medical Officers in terms of Pay, yet they have already acquired an additional 3-7years training of in the Masters of Medicine (M.Med) degree on top of having practiced an average of 3 years after the one year of medical internship.

iii. There is a wide gap in salary between the MOSG (Associate Consultant) and Consultant yet no special qualification is required to be from the MOSG to the Consultant level except the number of years accrued. This has to be addressed.

B) OBSTETRICS AND GYNECOLOGY CONCERNS

i. There are critical omissions in the Obstetrics and Gynaecology Human resource structure for the National Referral, Regional Referrals, and District hospitals. These gaps are listed in the attachments (Appendix 1 to Appendix 3).

C) PEDIATRICS AND CHILD HEALTH CONCERNS

i. No positions have been provided for Senior Consultants and Consultants for **Neonatology, Adolescent Health,** and **Paediatric Critical and Intensive Care** which are key and life-saving specialties in Paediatrics.

ii. There are positions for internal medicine physicians under Paediatrics and Child Health **(refer to No 11, 19, 30, and 34 highlighted in the staffing structure).**

iii. Some important posts for children such as **the hospital teacher** to support school-age children with prolonged hospital stays and **the children's Social Worker** to support especially vulnerable children and families were not provided for.

D) PUBLIC HEALTH

There is a total lack in the area of Public Health in the revised structure. This is a gross oversight and needs to be addressed. In Medicine, Public Health is a specialized area with specific training and their work is highly critical. The response to pandemics and epidemics is led by Medical doctors trained in public health, infection prevention and control (IPC) and laboratory sciences.

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IPC is very critical and the proposed cadres to be included in the Public service structure have been provided in appendix 4.

There are other areas of Medicine that have been overlooked in this planning such as Pharmacology, Clinical Biochemistry, Clinical Microbiology and Pathology that are directly related to patient care and these too need to be addressed in the public service structures if the health of Ugandans is to be addressed comprehensively.

OUR RECOMMENDATIONS

a) General recommendations

i. There is a need to increase the number of doctors at all levels from General Hospitals up to National Referral Hospitals. With an estimated 45 million population, we should aim at least reaching 90,000 Doctors in the next 5-10 years at a doctor: Patient ratio of 1:5000 as we strive towards the WHO-recommended 1:1000

ii. The title **Medical Officer Special Grade (MOSG)** should be changed and replaced with **Associate Consultant.**

iii. The MOSG (Associate Consultant) salary should be adjusted to a level where it is less by one (01) Million shillings than of Consultant salary like it was in the past considering the roles they play and their qualifications.
The MOSG (Associate Consultants) have attained different specialties ranging from 3-4 years for Masters of Medicine and 3-6 for Super Specialists after their degree in Medicine and Surgery (for a Medical Officer). The difference in salary according to the current scale between the medical officer and the MOSG is only 12.2% which is impractical and the difference in pay between the MOSG (Associate Consultant) is 102% which is unrealistic because the two have similar academic qualifications and the only difference is the number of years spent in service. This discrepancy should be sorted out urgently to avoid demoralization among specialists (MOSG) when providing care.

b) Obstetrics and Gynecology recommendations

The proposed hierarchy for Obstetricians and Gynecologists professionals as well as the Super specialty disciplines should be captured in both the approved structures at the National Referral Hospital level and at the Regional Referral level to improve access to

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specialist services nationwide as we strive to have Healthy, Happy and Thriving women of all age groups nationally. (Details in Appendix 1,2 and 3).

c) **Pediatrics and Child Health**
To include the said critical disciplines and reconsideration of the positions referred to under Pediatrics and Child health above in the National and Regional Referral Hospital.

d) **Public Health**
There is a need for comprehensive revision and inclusion of public health specialties which are missing as earlier stated.

We are available for further consultations and engagements over this matter.

Hoping these proposals will be put under your highly regarded consideration for the betterment of our public service.

Thank you.

Service with Honor,

Dr. LUSWATA HERBERT

Secretary-General

Uganda Medical Association.

Dr. MUSANA OTHINIEL

President

Association of Obstetricians and Gynecologists of Uganda

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Dr. NAKIYINGI LYDIA
President
Association of Physicians of Uganda

Dr. AKULLO ANNE
President
Uganda Paediatric Association

cc. The Rt. Hon Speaker of Parliament of the Republic of Uganda
cc. The Rt. Hon Prime Minister of the Republic of Uganda
cc. The Hon. Minister of Finance Planning and Economic Development
cc. The Hon Minister of Public Service Received by Angella Ajay on 03/04/2023 0414251003.
cc. The Hon Minister of Health
cc. The Permanent Secretary Ministry of Health
cc. The Permanent Secretary and Secretary to Treasury
cc. The Chairperson, Budget Committee of Parliament
cc. The Chairperson, Health Committee of Parliament
cc. The Secretary of Health Service Commission
cc. The Secretary of Health Service Commission
cc. File copy

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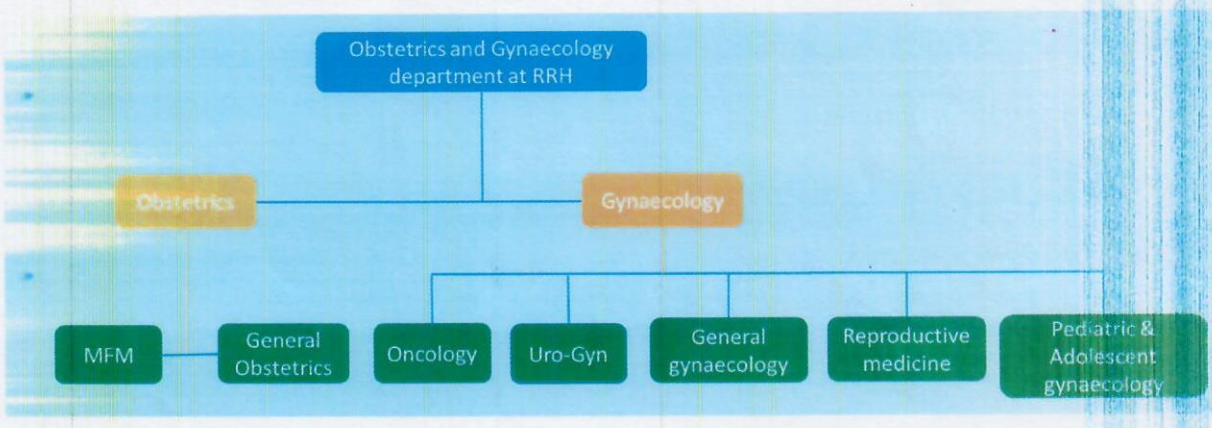
APPENDIX 1: AOGU best practice Human resource recommendations

- AOGU recommended superspecialty structure for obstetricians and Gynaecologists at Referral hospitals.
  The department is divided into obstetrics and gynaecology units each headed by a senior consultant to lead the service design/delivery and accountability.



- AOGU recommended hierarchy of Supervision and performance appraisal model
  A senior consultant supervises and appraises 2 consultants. Each consultants supervises and appraises 2 MOSG (Associate consultants). Each senior consultant therefore leads a team of 7 specialists in a clinical unit.

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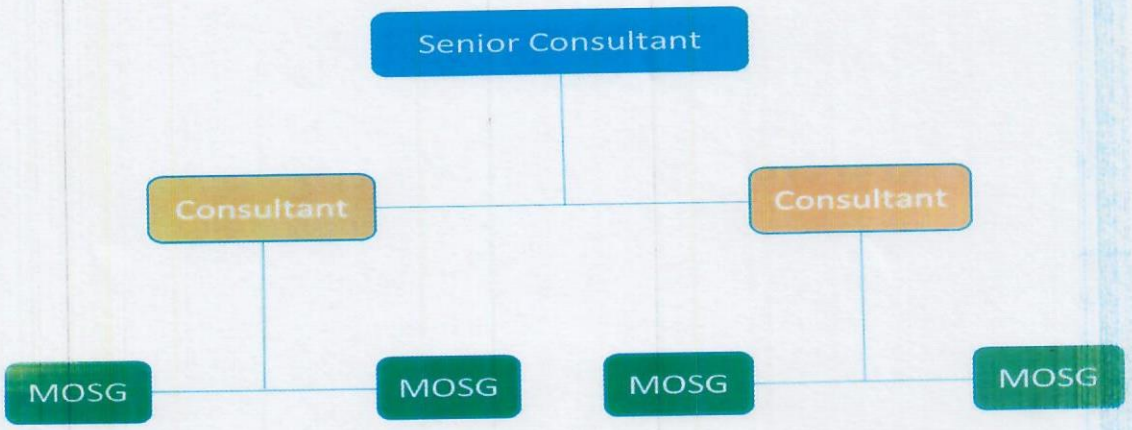

APPENDIX 2: AOGU proposed changes to the Approved structure for Mulago National Referral Hospital, Department of Reproductive Health, Obstetrics and Gynaecology (MSD/306/02 Vol. 66)

AOGU reviewed the approved structure for Mulago National referral hospital and suggests the following changes/improvements

i. **Office of the Senior Consultant Reproductive Health, Obstetrics and Gynaecology**

- There is an omission of a **Personal Secretary** and a **Driver** in this section (when compared to similar positions in other disciplines

ii. **Division of obstetrics and Gynaecology**

There are 7 superspecialty disciplines in Obstetrics and gynaecology. These include two specialties in obstetrics (**Maternal Fetal Medicine** & **General Obstetrics**) and General/Benign Gynaecology, Urogynaecology, Gynecologic Oncology, Reproductive Medicine (endocrinology, fertility) and Pediatric and Adolescent Gynaecology (PAG).

- The following superspecialty structures are omitted and AOGU proposes the staffing structure in line with AOGU best practices.

  a. **Maternal Fetal Medicine/Perinatology (High Risk Pregnancy)**

  - 1 senior consultant
  - 2 consultants
  - 4 MOSG (Associate consultants)

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b. Urogynaecology

- 1 senior consultant
- 2 consultants
- 4 MOSG (Associate consultants)

c. Reproductive Medicine (Endocrinology, fertility)

- 1 Senior consultant
- 2 consultants
- 4 MOSG (Associate consultants)

d. Gynecologic Oncology

- 1 senior consultant
- 2 consultants
- 4 MOSG (Associate consultants)

e. Pediatric and Adolescent gynaecology

- 1 senior consultant
- 2 consultants
- 4 MOSG

APPENDIX 3: Obstetrics and Gynaecology Human resource gaps identified the recently approved structures by Ministry of Public service circulars dated 9th March 2023 (MSD/306/02 Vol. 66) for the Regional Referral hospitals (RRH) and addressed to Senior Executive Consultants (Heads of Regional Referral Hospitals)

AOGU reviewed the structure under **Obstetrics and Gynaecology** in the Approved structure. The following are the gaps identified and recommendations to correct them.

The following gaps were noted in the RRH structure;

1. All clinical medical and surgical professions have their superspecialty areas included while Obstetrics and Gynaecology disciplines are missing.
2. Also each superspecialty discipline for Internal Medicine, Pediatrics and Child health, Surgery have a Senior Consultant, Consultant and MOSG listed as part of the staffing except Obstetrics and gynaecology

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- Example: Internal medicine has 11 senior consultants, 10 MOSG, 10 consultants (one for each specialty e.g. Cardiology, pulmonology etc)
- Obstetrics and gynaecology was ganged up into 1 senior consultant, 5 consultants and 2 MOSG, a very clear discrepancy and disregard/detriment to service delivery and career growth.

- Of the seven superspecialty areas in Obstetrics and Gynaecology, only four are included. We recommend the following to correct this error.

a. **Maternal fetal medicine (MFM)**
   - 1 Senior consultant
   - 2 Consultants
   - 4 MOSG

b. **General Obstetrics**
   - 1 Senior consultant
   - 2 consultants
   - 4 MOSG

c. **Benign Gynaecology**
   - 1 Senior consultant
   - 2 Consultants
   - 4 MOSG

d. **Uro-gynaecology**
   - 1 senior Consultant
   - 2 consultants
   - 4 MOSG

e. **Gynecologic Oncology**
   - 1 senior consultant
   - 2 consultants
   - 2 MOSG

   Gynaecological cancers account for the biggest burden of cancers in Uganda and as such need a strong regional team.

f. **Reproductive medicine**

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- 1 Senior consultant
- 2 consultants
- 4 MOSG

g. Pediatric and Adolescent Gynaecology

- 1 senior consultant
- 2 consultants
- 4 MOSG

APPENDIX:4 INVESTMENT IN INFECTION PREVENTION & CONTROL OFFICERS IS URGENT TO PROTECT PATIENTS & HEALTH WORKERS IN UGANDA

UGANDA MEDICAL ASSOCIATION STATEMENT ON NEW HOSPITAL STRUCTURES, MARCH 2023

Uganda urgently needs Infection Prevention & Control Officers (IPC) to support a national IPC program at the Ministry of Health, in the National,
Regional & General Hospitals. **Why?** Uganda is a hotspot for epidemics worldwide. Over 15 outbreaks of Marburg, Rift Valley Fever, Crimean
Congo
Haemorrhagic Fever, Yellow Fever, Anthrax & Ebola were reported in recent 5 years, and healthcare workers are always among the
first to die.
Indeed, **seven frontline Health Care Workers died**, out of 19 who got infected in the recent Ebola outbreak in Mubende and nine
other districts.
Over 200 health facilities surveyed in Mubende & Kampala Metropolitan were found with **low personal protective equipment, poor**
health care worker
post-exposure management & low isolation capacity that the IPC Officer will provide a solution including prevention of Healthcare

THREE ACTION POINTS FOR IPC OFFICERS:

1. Establish a substantive cadre of **IPC Officer** (Principal Medical Officer) at Ministry of Health in the Public Service Structure, with an appointment letter.

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2. Establish a substantive cadre of **IPC Officer** (Senior Medical Officer) at 16 Regional Referral Hospitals, in the Public Service Structure, with an appointment letter.
3. Establish a substantive cadre of **IPC Officer** (Senior Nurse Officer) at General Referral Hospitals, in the Public Service Structure, with an appointment letter.

Table 1: *Options & costs of IPC Officers at MoH, NRH, RRH & GHRs in the Public Service structure*

Cadre (MoH & RRH)	***Amount of salary ($)***	
	Monthly	**12 Months**
Principal Medical Officer (U2 Med 1)	6,071,555 *($1,629)*	72,858,660 *($19,544)*
Senior Medical Officer (U3 Med 1)	5,884,476 *($1,579)*	70,613,712 *($18,942)*
Senior Nurse Officer (U4 Med 2)	4,408,476 *($1,207)*	52,901,712 *($14,495)*

Example roles & responsibilities of IPC Officer

- *Establish an IPC program of activities.*
- *Secretary to IPC Committee at MoH & health facilities.*
- *Implement the national IPC guidelines.*
- *Develop IPC SOPs at facility level.*
- *Procure IPC equipment & supplies.*
- *Supervise strict adherence to IPC e.g., appropriate use of PPE by healthcare workers, as appropriate.*
- *Conduct surveillance for Healthcare Acquired Infections (HAI) & antimicrobial resistance (AMR).*
- *Link infected health workers to care & compensation.*
- *Writes regular periodic reports to MoH & Labour.*

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Box 1: KEY POLICY CONCERNS

1. **Low IPC scores** in health facilities with **deaths of health care workers** from Healthcare Acquired Infections.
2. **No dedicated IPC cadre in the Public Service structure**. IPC focal persons at MoH, Districts or health facilities are not substantive (assigned role, not salaried), thus can be transferred even after substantive investment in IPC specific knowledge & skills.
3. **No compensation/Risk allowances** for HCWs who acquire & die from Health Care Associated Infection e.g., Ebola, Hepatitis B. Also, risk allowances for HCW who worked during COVID-19 remain unpaid to date.