

GLOBAL HEALTH EXPERIENCE: UGANDA

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Goals

- Learn how to deliver Primary Care to vulnerable populations, with limited resources
- Provide health education in a culturally responsive way
- Learn about the most pressing health issues facing children in the developed world.

The Current Political Situation

- War has ravaged Uganda for more than 20 years
- It has created 1.6 million Internally Displaced People (IDP), of whom 1 million are children
- IDP camps have difficult food relief, no access to water or sanitation, and lack medical care
- IDPs experience
 - Sex exploitation
 - Gender based violence
 - Denial of basic services
 - Intimidation and Abduction by the Rebel Army (LRA)

An Atrocity

- According to Reuter's poll in 2005, **“northern Uganda emerged as the world's second-worst forgotten humanitarian hotspot.”**
- Without the opportunity for safe housing, medical care, and education, there is little chance that any individual will ever exit the refugee cycle.

The Lord's Resistance Army (LRA)

- 28,000 children abducted by the LRA
- 80% of the LRA's soldiers are children, who are often used as sex slaves
- Children in Northern Uganda fear being abducted and used as soldiers and sex slaves
- 45,000 children commute nightly from homes to find safer public areas for temporary shelter

Current Medical Situation

- High prevalence of HIV, malaria, tuberculosis, malnutrition, acute lower respiratory tract infections, diarrheal illnesses and preventable diseases like rheumatic fever, tetanus, measles.
- Resource poor country.

HIV

- Uganda is one of the few African countries where rates of HIV infection have declined
- HIV prevalence (the proportion of adults living with HIV) 15% in the early 1990s, 6.7% in 2005(UNAIDS)
- Rates are as high as 11-16 per cent reported in the Gulu district in the north

A declining prevalence indicates a lower proportion of positive people in the population. This could result from a fall in the number of new infections (incidence) or from a rise in the death rate among HIV-positive people, or from a combination of both factors.

New infections

It is probable that the number of new infections peaked in the late 1980s, and then fell sharply until the mid 1990s. This is generally thought to have been the result of behaviour change. Increased abstinence, a rise in the average age of first sex, a reduction in the average number of sexual partners and more frequent use of condoms are all likely to have contributed ABC program

Fear

A Cambridge University study in 1995 showed that 91.5% of Ugandan men and 86.4% of women knew someone who was HIV positive, and that word of mouth was the method by which most people were informed about HIV prevention. This indicates that one of the main reasons for people's behaviour change was their alarm about the risks and the extent of the epidemic. Many villages are experiencing several deaths each month, houses stand empty, and grandparents are looking after their orphaned grandchildren. Put simply, people are more likely to avoid risky behaviour if they know people who have died of AIDS-related illnesses.

Simple messages

In the early stages of the epidemic, the government responded swiftly, giving out simple messages about abstaining from sex until marriage, staying faithful

Malaria

- Malaria is a major killer of refugees, internally displaced people and children under 5 (23% deaths in high transmission areas, avg. 6 episodes/year/child)
- 25-40% of all outpatients' visits at health facilities
- 20% of hospital admissions
- 9-14% of in-patients deaths
- A case-fatality rate of 3-5% (which is an underestimate)
- 23.4% of total discounted life years lost

Uganda Ministry of Health

Tuberculosis

- Uganda ranks 16th among the world's 22 countries with a high tuberculosis burden.
- WHO data 2004:
 - 179,843 people living with TB.
 - prevalence rate 646 per 100,000 people.
- According to the WHO the incidence of TB is increasing and case detection rate is declining.

Globalheakthfacts.org

Malnutrition

- 31 percent of children (<5yrs) are suffering from acute malnutrition in Anaka camp in northern Uganda (WFP).
- In one study on early childhood malnutrition in central Uganda, 21.5% of the children surveyed were in poor health: kwashiorkor(3.8%), marasmus (5.7%), stunted growth (23.8%) and underweight (24.1%).
- Malnutrition is underlying factor in more than half of all under five deaths annually.

The World Food Programme (WFP) and the government of Uganda

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ELECTRONIC ARTICLE:

Risk Factors for Early Childhood Malnutrition in Uganda

Global Health Elective

- Site: Mulago Hospital
- Inpatient Experience
- Outpatient Experience
- Community Work

Mulago Hospital Kampala, Uganda



Dr. Philippa Musoke: Chair Pediatrics



Professor James Tumwine



Dr. Israel Kalyesubula
Consultant-Senior Faculty



Dr. Elizabeth Kiboneka
Consultant/Malnutrition
Senior Faculty



Dr. Margaret Nakakeeto
Consultant/Neonatology
Senior Faculty



Dr. Sabrina Bakeera-Kitaka
Registrar-Junior Faculty



Dr. Deborah Nakiboneka
Registrar-Junior Faculty



Global Health at Columbia

- Global Health Faculty
- Two Global Health Electives offered by Community Pediatrics:
 - Kampala, Uganda: Mulago Hospital - Jan/July Block
 - Dominican Republic: International family AIDS Program, La Romana - All Blocks
- Goals: Clinical Work, Community Work, Global Health Project
- Global Health Lecture Series

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Lectures:

2/8 noon conference: intro to global health - Steve Arpadi

3/28: noon conference: infections in the third world

4/11: noon conference: malnutrition- Nick Cunningham

6/12: noon conference: effective responses and sustainable programs- global health series

6/15: Grand Rounds: the work of ICAP and scaling up ARVs (can you guys further explain what this means?)- global health track-Elaine Abrams

ICAP -Mailman School of Public Health International Center for AIDS Programs

Scaling up ARVs - expanding access to Antiretroviral medications in low resource countries....