UGANDA HEALTHCARE FEDERATION
• promoting the private health sector •

Monthly Newsletter

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UHF NEW MEMBERS 2016

UHF welcomed NINE new paid up members during this year and these Include , Sanugit Ltd, Uganda National Health Consumers Organization, Theta Uganda, Living Goods, Le Memorial Medical Services, Amref Flying Doctors, Uganda Private Health Training Institutions Association, Save for Health Uganda and Marie Stopes Uganda. We look forward to serving and working with all our members in the coming year.

THANK YOU FOUNDING MEMBERS!
We would also like to recognize and appreciate some of our oldest loyal members who have continuously supported the Federation over the past few years:

1. Kampala Imaging Centre
2. International Hospital Kampala
3. Smart Applications International
4. AAR Healthcare
5. Access Mobile International
6. SAS Medical Centre
7. Nakasero Hospital
8. Kadic Health Services.
9. Uganda Medical Association
10. Uganda Private Medical Practitioners Association
11. Uganda Pharmaceutical Manufacturers' Association.

UHF UPDATE

This year we are proud to say we were able to relocate the UHF offices to 110 Bukoto Street, where we are now pleased to host members and guests. UHF also completed the 2nd year grant received from USAID/Private Health Support Program and the USAID/ Strengthening Decentralization for Sustainability contract. We have also been able to secure a contract with Swecare Foundation, a Swedish health development partner, to provide business advisory services and execute a trade mission for up to 17 private health businesses. The contract required UHF to develop market entry strategies for various private health businesses from four Baltic States in pharma and mhealth into Uganda.

UHF Executive Director, Mrs. Grace Ssali Kiwanuka and Nicole Spieker, Director-Quality Pharmaccess after signing the contract

UHF also signed a contract with Pharmaccess International, to carry out SafeCare quality assessments and develop quality improvement plans Profam private health facilities countrywide. UHF is engaging private health facilities of all sizes interested in having the ISQua Accredited SafeCare quality system. SafeCare is a partnership between Pharmaccess, and world renowned quality systems Cohsasa and Joint Commission International.

New UHF board chair, Dr. Nathan Kenya-Mugisha appreciates founding and outgoing chair, Dr. Ian Clarke during the handover at UHF AGM

Amb. Deborah Malac, Dr. Dithan Kiragga, Mr. Andrew Kyambadde of USAID and country federation heads and other key stakeholders at the EAHF 2016 conference.

UHF also at its 6th AGM elected a new board chair (Dr. Nathan Kenya-Mugisha) together with four new board members (Joyce Tamale of UHMG, Robinah Kaitiritimba of UNCHO, Judy Mugoya of Smart applications and Okwongo Alfred of UPHIA) to diversify skill and ensure gender balance.

UHF is pleased to have reinforced several key relationships in the Uganda health sector. The Federation recently joined the Ministry of Health's Health Policy Advisory Committee (HPAC) as a private sector representative. We also continue to participate in the Ministry's Public Private Partnerships in Health Technical Working Group, and the National Health Insurance Taskforce.
We will use these platforms to continue our advocacy for the private health sector and ensure private sector interests are expressed.

Through the revival of the Private Health Sector Advocacy Committee, we now have a forum to share ideas and have dialogue with other sub sectors such as the Traditional and Complimentary Medical Practitioners, the faith based bureaus and other advocacy groups.

We were honored to host the 5th East African Healthcare Federation (EAHF) conference themed "The Role of the Private Sector in Attaining the Healthcare Sustainable Development Goals (SDG's)" in June. Over $100,000 in sponsorship was secured to cater for 490 delegates registered from 26 countries to hear over 40 speakers. Numerous dignitaries from countries in the region gave statements including the State Minister of Health for General Duties, Hon. Chris Baryomunsi and the US Ambassador to Uganda (Amb. Deborah Malac), together with World Bank Program Leader Human Development, Michele Gragnolati and Prof. Khama Rhogo, World Bank Lead Health Specialist & Health in Africa Initiative. The Association of Private Health Facilities of Tanzania (APHFTA) will host the 6th EAHF Conference in July 2017

OWN A HEALTH FACILITY? GET AN INTERNATIONAL STANDARD ACCREDITATION YOUR FACILITY IN 2017!

UHF is offering the International Standards Qualification in Healthcare (ISQua), Cohsasa and Joint Commission International (JCI) accredited SafeCare methodology assessments to private facilities in Uganda starting in 2017. Private health facilities interested in an internationally recognized certification can contact us at UHF to find out more about how to get your facility assessed for certification.
Through this SafeCare assessment, your facility will receive a detailed assessment report and personalized quality improvement plan. Depending on your selected package, you will also receive support visits to guide you through the implementation of your plan and business advisory services on how to translate the improvements in quality at your facility into profits. To find out more contact us at: ed@uhfug.com

SafeCare
BASIC HEALTHCARE STANDARDS

What SafeCare Offers

SafeCare introduces quality standards for public and private health facilities, and supports facilities with meeting these standards effectively. Our methodology can help you to continuously improve the quality of your services in manageable, measureable steps. The main goal is for your facility to provide good quality health services that are safe for the patients, staff, and visitors. With our technical support, your facility is able to move to a level that should qualify you for full accreditation. Additionally, your visible achievements can help you grow your business and attract an increasing interest of clients, insurance companies and investors.

What is the process

UHF will make an appointment with your facility and collect some preliminary information to allow us to prepare adequately to assess your facility. Thereafter, we will schedule a day where our qualified Safecare Quality Officers will visit your facility and using a criteria of over 160 pointers develop a detailed report on the quality standard at your facility. We will then develop a detailed quality improvement plan which we will present to your facility management team. This plan is unique to your facility and gives a step by step guide on where you can focus your energies. We will provide you will tools and templates as well as affordable solutions with some at no cost, you can use to improve the quality standards in your facility. Thereafter the Quality Officers will visit your facility at agreed intervals to check on you and give any support you may need in implementing your quality improvement plan.

Additional benefits

Quality standards and business success and sustainability go hand in hand and recognizing this, UHF will give your health facility business advisory support to see how your improvements can help you be more successful in your health business. You will be invited for training in business management and given invaluable business advice.

NATIONAL HEALTH INSURANCE UPDATE:

Over the year the various sub sectors and stakeholders have listed some key principles of interest to the private sector in regard to the planned national health insurance scheme. Through numerous meetings, the players have aligned to draft a single document with these principles and all private sector players are invited to share their thoughts and append their signatures to this document that will be shared with the senior management at Ministry of Health, Ministry of Finance and the Parliament of Uganda. To get involved, please write to: ed@uhfug.com

Below are the principles considered to be key areas of focus:

Principle 1: The NHIS should comprise of three schemes Social Health Insurance (SHI), Private Health Insurance (PHI) and Community Health Financing (CHF)

Social Health Insurance will cater for public and civil servants as well as low income groups, indigents and those unable to access any of the other schemes. Existing Private Health Insurance and Community Health Financing mechanisms will continue to provide health insurance and pre-paid schemes Additional health insurance products will be offered by the National Social Security Fund (NSSF) to their contributing members through the PHI and CHF schemes. The Uganda Retirement Benefits Authority (URBRA) has incorporated a health insurance component in the Liberalization Act.

Principle 2: The NHIS is universal health coverage that covers all residents of Uganda

All residents in Uganda must be compelled to belong to a scheme regardless of nationality or immigration status to protect co-existing communities and support social protection.

Principle 3: Regulation of NHIS will the responsibility of the Insurance Regulatory Authority (IRA)

Insurance is currently overseen by IRA; the Insurance Act was revised to incorporate aspects of Health Insurance. Oversight of the NHIS would be placed in a newly created department within IRA to circumvent financial and statutory implications of creating a separate authority.

Principle 4: There will be a minimum benefit package defined by the Authority with Consultation with MOH

A minimum health benefit package will not be detailed in the statute, however it is to be stipulated that it be determined by the Authority in consultation with Ministry of Health and priced. This minimum package will be available through all three pillars, with mandatory access for all residents.
PHI and CHF schemes will offer additional schemes with more elaborate benefits. Access should be in the law as outlined in the regulation. There should be a minimum package for all the pillars.
The minimum package will be reviewed from time to time and the authority in consultation with MOH will adjust the composition to the prevailing health environment.

Principle 5: Government will subsidize the SHI and CHI schemes to enable access for all

The government shall contribute to and subsidize the SHI scheme, with any surplus funds from one

complete year rolled over into the following year.

Principle 6: The funds for SHI will be managed by an arm of the scheme
PHI and CHF have existing fund management systems. SHI funds would be managed by a separate arm of the scheme, responsible for claims management and provider reimbursements. The Ministry of Finance would on a regular basis review the management of the SHI fund, together with IRA who would periodically review claims payment management to protect providers and consumers, as is currently the case with PHI and CHF.

Principle 7: Use a phased approach for roll out over a period of 15 years
The statute must stipulate that a phased approach will be utilized over a period of time.
Although it is still a young organization, UHF has now started to realize and has marked steady growth as has been exemplified above and is hopeful for positioning itself as the umbrella organization it was set out.

News from our Members:

The fight against post-operative wound infections in Uganda

By Filippo Curtale, Company Director Sanugit Ltd. & Antonio Loro, Head of Orthopaedic Dept. CoRSU Hospital

An infected surgical wound, also known as surgical site infection (SSI), can seriously complicate the post-operative course and extend hospital length of stay (between 3 and 20 additional days), has a substantial financial impact on hospital costs, and increases mortality. It represent a major global safety concern for both patients and health-care professional, especially in developing countries which are most affected. The cumulative incidence of SSI in Sub Saharan Africa was estimated to range from 10 to 31% (2011), in another study the impact of SSI ranged from 6.8% to 26% with predominance in general surgery (2016). Limited data are available on the epidemiological burden of SSI in Uganda but it is considered a serious risk for patients and a major concern for surgeons. A study, published in 1997, reported the overall incidence of SSI in a rural hospital in Uganda at 10% among surgical patients in general and 9.4% among women who underwent caesarean section. In a more recent and controlled study, conducted in Jinja Referral Hospital and published in 2007, 21.3% of patients who underwent surgery had a potentially contaminated wound (>10 WBC/Hpf). These findings were in agreement with those by others, in Mulago (1990) that put the rate of infections of potentially contaminated wounds at 25%. The Jinja study reported a high prevalence of antibiotic resistance for the bacteria colonizing the infected wounds highlighting the importance to assure asepsis and work on preventive measures rather than relying exclusively on pre and/or post operatory antibiotic therapy. CoRSU is a Rehabilitation Hospital conducting more than 4000 surgeries in a year. It has four general theatres plus one septic theatre and one day theatre. This allows a minimum of three surgeons to be operating separately at any one time. During the past years, CoRSU has consistently reported a remarkable low incidence of SSI, below 2% in major operations. We have asked Dr Loro, the head of the Orthopaedic Department, the reason for this success.

Q: Dr. Loro, can you share with your surgeon colleagues some insight on the way CoRSU prevents post-operative wound infections (SSI)?

A: Surgical site infection can complicate every surgical act. Several factors play a role when this complication arises. Human and environmental elements are intertwined and have to be considered. Protocols must be in place and guide the surgeons in the entire perioperative period, highlighting clearly when and how to use the prophylactic antibiotics, how to prepare the operating field, how to regulate the flow of the staff in and out of the theatre, and the like. The operating time, the surgical skills and the composition and the collaboration of the surgical team must be taken into consideration. A harmonious team reduces the operating time, thus decreasing the risk of postoperative complications. In case of prolonged or delicate surgeries, such as arthroplasties, knee arthroscopies, osteosynthesis, the use of sterile disposable gowns and operation packs, suction tubes, diathermy wires, among others, represents a significant element in preventing the onset of a scary complication such as surgical site infection.

Q: The measures you mentioned to prevent surgical wound infection require an investment by CoRSU. In a context of limited resources like Uganda, do you think this investment is affordable?

A: Hospital administrators should clearly budget for prevention of such a burden as the SSI. Every surgeon knows very well how challenging and costly is a deep surgical infection. I think that all the measures must be put in place in prevention: every patient should receive the best quality of care, more so when major surgeries are carried out.

Q: In conclusion, according to your opinion the decision by CoRSU to prevent SSI utilizing different means, including sterile disposable materials, is more cost-effective than relying on prophylactic antibiotic therapy alone?

A: Prophylactic antibiotic therapy is just one of the measures that must be utilized; it goes hand in hand with all the other factors that have been outlined above. In my opinion major surgeries require a strong commitment by all the actors involved in offering health services of high quality.

Disposable sterile gowns, operation packs, diathermy wires, and other surgical operation materials utilised by CoRSU Hospital are manufactured in Italy and distributed in Uganda by SANUGIT Ltd (www.sanugit.com).

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The team at UHF
would like to wish you
a Merry Christmas And Happy New Year