

Why the urban poor must enjoy New Mulago Maternal and Neonatal hospital before Independence Day

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Dear Reader,

In few days, Uganda will celebrate its 56th Independence Day. As a patriotic citizen, I will wear Uganda Cranes' training sleeveless jersey and join one of the colourful events [don't ask me why sleeveless]. For school-going children and civil servants, it's certainly a day to enjoy the public holiday with loved ones and away from the bustle of work – at least for a day. Churchill Winston was right! Uganda is indeed *The Pearl of Africa*. However, as we count down towards this day, it's worth reminding ourselves that whilst Uganda is indeed on a steady progress towards the desired middle-income economy, 16 women die daily while giving birth (over 580 in a year) and 27 out of 1,000 children die within the first month – all of which are absurd.

The Uganda Vision 2040 acknowledges that *"the current health service delivery systems are expensive, inefficient and not sufficiently responsive to the health needs of the different categories of the population"*, and further recognises that some Ugandans seek quality health

care services in foreign countries. Envisioning “*A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years*”, government committed to providing a regional hub for quality health care provision in collaboration with the private sector. As such, several measures have since been embraced to achieve Uganda Vision 2040 – including an epochal moment when our leaders went for loan from the Islamic Development Bank to construct a sh96b facility to decongest Mulago National Referral Hospital.

Undoubtedly, the New Mulago Maternal and Neonatal hospital acquired modern specialised treatment equipment and now bedecked with what looks like state-of-the-art facility ready to meet the fast-rising fertility rates and neonatal needs of our daughters, sisters and mothers. However, upon its completion and handover, and without a hum, [government released charges for services](#) at the 450-bed capacity facility. A quick glance at the charges sends jitters down a poor person’s spine and shoves some of us to ask rather ironic and perhaps far-fetched questions “Do we need a category for *[MPs for the Poor]* in Ugandan Parliament?” or [Minister of/for the Poor] in our already crowded parliament?

Some questions worth asking; Was the loan sourced to help all people in Uganda or to exempt few from the long queues at Mulago? It appears as if it was obtained not to help the poor women who also deliver a workforce not spared by the *tax man* while raising resources to service the country’s deepening loan. Blaming the anomaly on for example the notorious Structural Adjustment Programme imposed on countries including Uganda only takes us few inches in appreciating the complexity of challenges in accessing health care services. Could this be the time to start conversations on medical insurance for all? Perhaps a far-fetched dream to be achieved soon even when government hinted on adopting universal health insurance system as one of the strategies for ensuring access to health services.

This long-awaited hospital comes at a time when Uganda’s health care system is struggling with several challenges, and with contentious debates on the ‘Cubanisation’ of Uganda’s health and education sector, and at a time when uncomfortable news prods through the lenses of the media on the wanting state of health care service delivery in especially hard-to-reach rural areas of Uganda. On 19 September 2018, Daily Monitor reported a case of a [woman who died while delivering on her own at Abim district hospital](#) – an event the hospital administrators admitted as negligence by a doctor at the facility. Whereas the New Mulago

Maternal and Neonatal hospital provide glimpse of hope for many, may we not forget the plights of people struggling in rural areas with ill-equipped infrastructures.

For those who believe in the Bible, Mathew 25:29 clearly demonstrates this; *“For unto everyone that hath shall be given, and he shall have abundance: but from him that hath not shall be taken away even what which he hath.”* Indeed, access to timely and quality specialised treatment by people who can afford the rates established by government will be enhanced. For the urban poor, and as in the music ‘Beauty for Brokenness (God of the Poor) by Graham Kendrick, we pray that the God of the poor and friends of the weak provide abundant compassion and melt the cold hearts of the poor who cannot afford.

The New Mulago Maternal and Neonatal hospital is indeed one of the fulfilments of the Uganda Vision 2040. However, it does not address the fundamental concerns that current health services delivery systems are expensive and not responsive to the health needs of different categories of the population. Perhaps you agree with me that the proposed sh50,000 consultation fee set by government is a whole month hard-earned remuneration for some people especially those who toil from sun-rise to sun-set to survive hand-to-mouth.

For the economically underprivileged, the dream for reproductive health support including In-vitro fertilisation and Intra-cytoplasmic sperm injection might never be met in the natural lives of the poor as they cost sh13m and sh14m respectively at this new facility. As such, the desire for assisted reproductive treatment for infertility including genetic infertility to allow conception might only remain a dream for majority poor especially women with fallopian tube damages or blockages, ovulation disorders, premature ovarian failures, uterine fibroids and men with impaired sperm production and other infertilities and genetic disorders.

The cost of services at Mulago specialised women and neonatal hospital should worry us since only those with money will enjoy the luxury of the specialised equipment and services including chemistry analysers, DNA and haematology. What will remain for the women from the ghetto? Perhaps it’s time to put fingers together; *“Dear God of the poor, unleash your endless mercy on your people, let our expecting sisters, daughters and mothers enjoy the services until Independence day when the free-of-charge grace period expires.”* One wonders whether sickness cares about such grace periods!

Allow me to satirise it a bit! I implore our political leaders, business class and elites to send their wives, daughters, sisters, and mothers to deliver from the VIP and VIIP services on the 9th floor of this elegant hospital. May government find the required sh44b from the national treasury and contributions from users to fully operate the facility. Above all, may this new hospital never suffer from doctors' negligence, personnel absenteeism, ill-trained personnel, severe machine breakdowns, drug shortages, power outage, doctors' strikes, and delayed salary payment for the over 700 staff to be recruited. May the medical officers sent to Egypt for specialised [training](#) not seek employment elsewhere and may the newly appointed Acting Directors sharpen their patriotism and not be swayed to resign due to anomalies therein.

As a citizen of a country where [16 women die daily while giving birth](#), I firmly advocate for review of the medical fees set by government not only because it locks out a large fraction of women who are also tax payers but because such exorbitant fees levied risk frustrating the countries 'baby steps' towards reducing maternal mortality rate which at the moment stands at 336 deaths per 1000,000 live births – for which Uganda is still miles away from the global average of 216 deaths per 100,000 live births.

As a loyal taxpayer, I embrace borrowing towards financing quality medical care for all. I'm neither diversionary nor sit on the opposition bench. Rather, I'm a concerned citizen thinking out loud and empathising with our dear mothers, daughters and sisters who are also tax payers but may never in their natural lives benefit from the services at the 'game-changer' New Mulago Maternal and Neonatal hospital without special referral and or financial support.

I implore the [Network of African Women Ministers and Parliamentarians \(NAWMP\)](#) not to keep quiet, the [Coalition for Health Promotion and Social Development \(HEPS-Uganda\)](#) should not let this pass without a word, [The Voices for Health Rights \(VHR\)](#) need to indeed amplify voices of the poor, the [White Ribbon Alliance](#) cannot afford to wait until it's too late to advocate on behalf of the survivors of teenage pregnancies. Above all, may the [Uganda Media Women's Association](#) continue reminding the nation on the plight of the poor in accessing timely and quality health care services. [#AllWomenCounts](#) [#EveryGirlsCounts](#) [#HealthForAll](#).

Nice celebrations of Uganda's 56th Independence Day in advance.

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