

## **Health workforce staffing in Uganda: vacancies and roles**

### ***The staffing gap***

The 7<sup>th</sup> national health workforce audit completed in public health facilities in 2015 found a staff vacancy rate of 31% which had been stable over the preceding 3 years,<sup>1</sup> but this rose to 36%, after adjusting for the ever-increasing district splitting and establishment of new health facilities. Within the decentralised district-health services, staff vacancy rates were found to be 38% and 35% at district hospitals and HC IVs respectively.<sup>1</sup> There was a wide variation in vacancy rates by cadre of staff, for example: pharmacists (60%), medical doctors (51%), midwives (25%), nurses (23%), laboratory scientists (19%) and clinical officers (non-physician clinicians - NPCs) (8%).<sup>1</sup>

The Health Service Commission articulates role boundaries between the key health staffing cadres of physicians, the non-physician clinicians, and nurses including midwives. For example, at primary level health facilities (health centres level II and III and IV), nurses including midwives are responsible for receiving patients, measuring the vital signs such as respiratory rate, pulse, blood pressure, weight, and temperature. At HC level II and level III, they take a basic patient's history, and can offer prophylactic treatments to pregnant women, and treatment to children under 5-years of age using the Uganda Clinical Guidelines (UCG) that are based on the Integrated Management of Childhood Illnesses (IMCI) approach,<sup>2</sup> growth monitoring and immunisations for children under 5 on outpatient basis. In the HC IVs and hospitals which offer admission to patients, nurses further offer bedside care and the implementation of treatment plans which have been initiated by other clinical staff (physicians and NPCs).<sup>3</sup>

### ***Mandatory roles of health workers***

Although most cadres of health workers have received in-service training for treatment of various infections such as malaria, and aspects of HIV such as counselling and testing, it remains the role of the non-physician clinician (NPCs) deployed at health centre level III or higher to provide out-patient assessment including investigations and treatment to patients. NPCs also perform minor surgeries such as surgical toilet and suture for cut wounds, safe medical circumcision for HIV risk reduction, dilatation, curettage and evacuation for post-abortal care, tubal ligation for permanent contraception, and first aid including reduction of uncomplicated fractures. Once patients are admitted at health centre level IV and hospitals, patient assessment, planning care and surgery where required become the physician's responsibility. Physicians holding a first degree employed in decentralised systems in Uganda have a wide mandate which traverses the boundaries of medical specialities. It includes providing general medical care, for example treating infections and non-infectious diseases such as HIV, diabetes, hypertension, among others. It also involves a range of surgeries such as obstetric procedures of caesarean section, hysterectomy, laparotomy and salpingostomy for bleeding ectopic pregnancy, surgical laparotomy for intestinal obstruction or even splenectomy among others.<sup>4</sup>

Within this mandate for various cadres of staff, team care is critical, but this is assumed to happen by the healthcare system which prescribes a staff skill-mix at each level of health facilities (HC II, III, IV, and hospitals). The relational mandate of the health workforce within each level of health facility and the consequences of coping to absenteeism were explored.

## **References**

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