

Youth Voices in Development – Topic Three

Goal Three: Ensure healthy lives and promote well-being for all at all ages.

1. Choose one or more of the targets of goal three or look at health and well-being overall. What are your observations and recommendations for addressing this target in your host country, based on your experience?

2. How does the target you chose relate to goals four and five, if it indeed does?

Rainy season has arrived in the Kamuli District of Uganda. For residents of Kamuli this has a number of implications: long days spent tending to gardens, fertile soil ready for planting crops, children climbing trees eating unripe green mangos, and...malaria. Malaria affects Ugandans all year round, but during the rainy season conditions favour the mosquito population and malaria cases increase dramatically. Living near a primary school in Kibuye Village in the Kamuli District, the weekly stream of feverish students making the journey to the village health centre for malaria tests and treatment has become a familiar sight. It seems that a typical experience of illness in Kibuye goes as follows.

A student falls ill during the night and symptoms worsen as we wait anxiously for morning. If it is a Wednesday or Thursday we are lucky as there is a reasonable chance the health centre will be open and staffed. But it is Monday and we must track down one of the village health team members (VHTs) to find out if and when a VHT will be staffing the health centre that day. The VHT agrees to meet us after lunch. We begin the 30 minute walk to the health centre along a winding dirt path under the hot afternoon sun at a slow pace. A man on a bicycle passes us on the path and offers his back perch to the most ill of our group of students and carries her on ahead to the clinic. We arrive at the clinic and take a seat on the cement floor of the waiting room with a group of other community members waiting to be assessed. The VHT makes her way through consultation with each of her patients, taking no breaks even as her own young

children tug at her skirt from the floor of the examination room. An hour or so passes and several finger pricks later our students are all awaiting the results of their malaria rapid diagnostic tests. Two out of three students test positive and all three are sent home with a bag of medications, including antimalarial tablets. We make the long walk back to the school and the students retire to their huts for some much needed rest.

This experience highlights a number of challenges faced by many Ugandans when seeking medical care, particularly those living in rural areas like Kibuye Village. The first challenge is limited accessibility to health facilities, particularly in terms of transportation. In Kibuye, we are fortunate to have a health centre within walking distance; however, for more serious illnesses the nearest hospital or clinic is a 1-2 hour journey by road that can be extremely expensive for community members, most of whom support their families as subsistence farmers. This example also highlights insufficient staffing levels at publicly owned health facilities which extends beyond the community-level health centres. I often hear stories from community members of negative experiences of seeking care at clinics and hospitals in the larger towns where they have felt disrespected, and at times “lectured”, by health care workers and because of this some feel reluctant to make the journey to seek care at larger health facilities. These experiences stem from a larger issue of overworked and undercompensated healthcare workers. Health care workers all over the world, including in Canada, endure high degrees of stress, long working hours, challenging working conditions and are undervalued and underpaid and this seems to be especially true for health care workers in publicly owned health facilities in Uganda.

The health and well-being of Ugandans would benefit from greater investment in public health care and infrastructure by the Ugandan government. Transportation should be available from community health centres in remote and rural areas to the larger health facilities (clinics and hospitals) in nearby towns, at little or no cost to community members. Additionally, people need to feel confident in the quality of care provided at public health facilities, which is not the current reality. Public health facilities need to have a reliable stock of medical supplies, be sufficiently staffed, and health care workers need to be paid adequate salaries and provide care under reasonable working conditions. For patients to receive quality care and have positive experiences with health care, we must first make the health and well-being of our health care workers a priority. A strategy should be developed to attract and retain more health care

workers at public health facilities and jobs must be available for students after completion of medical training.

The Village Health Team (VHT) model is a great approach to dealing with the shortage of healthcare workers and limited access to health services in rural communities in Uganda. The VHT model employs trusted and trained residents of rural communities to serve as the initial point of contact for health services in their communities to supplement the limited availability of nurses and physicians in these settings. Communities would benefit from an even greater investment in, and expansion of, the VHT workforce.

A critical piece in the improvement of the health and well-being of Ugandans lies in increased opportunities for health education to equip people with the knowledge needed to take ownership over their own health. People of all educational levels and backgrounds are eager to learn about how they can better protect and maintain the health and well-being of themselves and their families. One opportunity to facilitate this is to encourage and train health workers to explain the causes of illness, discuss disease prevention strategies, and thoroughly explain medications being given when interacting with patients. VHTs are a valuable resource for health education and promotion in communities and these activities should be encouraged and supported.

Ensuring healthy lives and promoting the well-being for all at all ages absolutely relates to sustainable development goals four and five on education and achieving gender equality and women's empowerment. Higher levels of education and literacy support individuals in making informed health choices to prevent diseases and to protect and maintain the health of themselves and their families. The intersection of gender and health is also an important discussion to touch on. Health challenges can impact women differently than men for a number of reasons. In Uganda, gender roles often dictate that women are responsible for caring for sick family members and time spent caring for the sick can negatively impact other commitments in a woman's life including formal education or income-generating activities. Traditional gender roles can also result in women not having control over decisions that impact their own health. This may be experienced through lack of control over the family's economic resources, and consequently lack of control over decisions related to health expenses, or it may be through a woman not having a voice in protecting her own health. For example, a woman

may not have the power in a relationship to make choices that impact her sexual health, such as deciding the timing and spacing of children through use of family planning methods or protecting herself from sexually transmitted infections including HIV. For many women in Uganda, exercising sexual and reproductive health rights can put them at risk of gender-based violence.