

Uganda, working visit, some impressions

The Joint Annual Scientific Health Conference in Kampala – ICOH SC Agriculture and SC MinOSH joining forces

The theme of the annual Scientific Health Conference in Kampala this year (September 21-23) was: “ From MDG to SDG: a holistic Approach to Health for Sustainable Development’. An update was given on the Health situation in the country and presentations of finished and ongoing research projects. Central issue was the vision of the School of Medicine: training of health care workers more in local communities and less in specialized hospital care work. In line with the Dispersed Training Model as promoted by the Lancet Commission¹.

Major issues that were addressed were high burden diseases as HIV, malaria and tuberculosis. Especial was the 15^e Mathew Lukwiya Memorial Lecture, dedicated to one of the doctors from Makerere University who became a victim himself combatting Ebola. His widow and children were in the audience. As in 2000, during the Ebola-outbreak in Uganda, in their recent mission in combatting the outbreak in West Africa, again several health care workers from Uganda died on the job.

The parallel session on Occupational Health and Safety with around 50 participants was mainly focused on OSH in agriculture, health care workers and informal mining. It was organized by the Uganda Association of Community and Occupational Health (UNACOH), Dr. Deogratias Sekimpi. In this session two of ICOH SC chairs presented research on Agriculture and Mining. Erik Jørs, chairing SC Mining Occupational Health and Safety (MinOSH) and myself chairing SC Agriculture. Erik’s presentations were a review on pesticide poisonings and prevention and on OHS in Mining with examples from the projects in low income countries he is responsible of. My 18 minutes presentation was on ‘Education in Agricultural Health, new horizons through new technologies’. I suggested the audience to download and use ‘How to search reliable information on OSH on the Internet’, the 2e edition of the book edited by Frank van Dijk a.o. The presentation was well received and I got positive feedback on the three S’ses (Search, Sources, Soul); the Soul referring to dedication, enthusiasm and compassion.

The PHE Uganda Project

After the conference two days of working visits to the Pesticide Use, Health & Environment were organized with Erik Jørs (DK), the founding father of this project and Uganda’s co-workers. This project is sponsored by a Danish NGO (DIALOGOS). It runs since 2010 in two districts with the objective to prevent pesticide poisonings from agriculture and stimulates the safe work with pesticides on several additional ways at different levels from grassroots’ level towards national legislation:

- Training Village Health Team Members, from the local health centres. These are volunteers who attended a 2-day course on prevention of pesticide-poisoning and able to organize village meetings (‘Pesticide Knowledge Sharing’) in the local communities. They also share knowledge through the community radio and involving Drama Groups.
 - *[We met an administrator of a primary school, who does this work as a volunteer. This man was very dedicated and talked about suicide attempts with pesticides and discussing these items at village meetings!]*
- Training Farmers in Integrated Pest Management and Safe use of Pesticides
 - *[we visited a farmer who enthusiastic demonstrated his fruit fly trap with ferhormons]*
- Training Agro dealers on correct pesticides handling practices and how to give advice to farmers.
- Training of Spray Operators (inside house walls and ceilings of human and animal dwellings to kill mosquitos and other insects) in safe use of pesticides.
 - *[we met three spray operators; two of them did attend a PHE training course and they proudly showed the proper use of Personal Protective Equipment (PPEs). They also told us how they*

¹ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61854-5/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61854-5/abstract)

instructed the household members to respect re-entry time, proper ventilation and taking care of protecting food during the spraying operation]

- Training of health care workers/ clinicians on proper management (recognition, treatment, registration) of pesticide-related cases referred to the health facilities.
 - *[we talked with a hospital manager about difficulties in recognition and registration of cases of pesticide poisoning. Measuring of cholinesterase is not possible in local hospitals and surveillance of all cases is hampered by the wide range of health care providers; patients can also visit private clinics and local healers. Only severe cases are referred to the hospitals.*
- Collaboration with the District Agricultural Officers in Plant Clinic Sessions for better diagnosing affected crop parts and prescribe remedial interventions. These Plant Clinics are regularly organized at county markets with good response.
- Creation of a National Poisoning and Information Centre; to be organized together with the Directorate of Government Analytic Laboratories and Makerere University in Kampala.
- Stimulating adequate regulation, nationwide rolling out of the program and enforcement on pesticides.

A series of manuals, posters and pamphlets have been developed and distributed to the different target groups. The project is run by people with a professional background in health science or agronomy having excellent communicative skills.

Of course these observations are coloured by selection bias: our spokes-persons were not chosen at random. But their stories were convincing and all of them were enthusiastic about the project in a sincere way.



Possible role of LDOH, ICOH SC Rural Health and SC Mining OSH?

Asking for the needs of Uganda on Education and training in Occupational Health several issues aroused:

- Aid in launching a Masters Course in Occupational Health², maybe to start with some modules like Occupational Epidemiology, Occupational Health Surveillance and Occupational Hygiene. Materials and teachers are needed. In Uganda just three medical doctors with a formal training in Occupational Health are active. Capacity building is necessary, for example to train the doctors employed within the Ministry of Labour / Labour Inspectorate, who now are not trained at all in this field.
- A distant learning course in Occupational Medicine, as organized by the University of Bergen (Norway). With formal exam and diploma.
- Support/sponsorships to Ugandans wanting to do Masters and PhDs' in Occupational Medicine.
- Support to research in OHS issues in Uganda

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² Makerere University is among the top-3 Universities of Africa. The Dean van de School of Public Health had a formal training in Occupational Health (in Singapore)