Improving Healthcare Access in Rural Uganda through Mobile Health Clinics

LEGEND

Mean Population Living with HIV Ages 15-49 (2017)

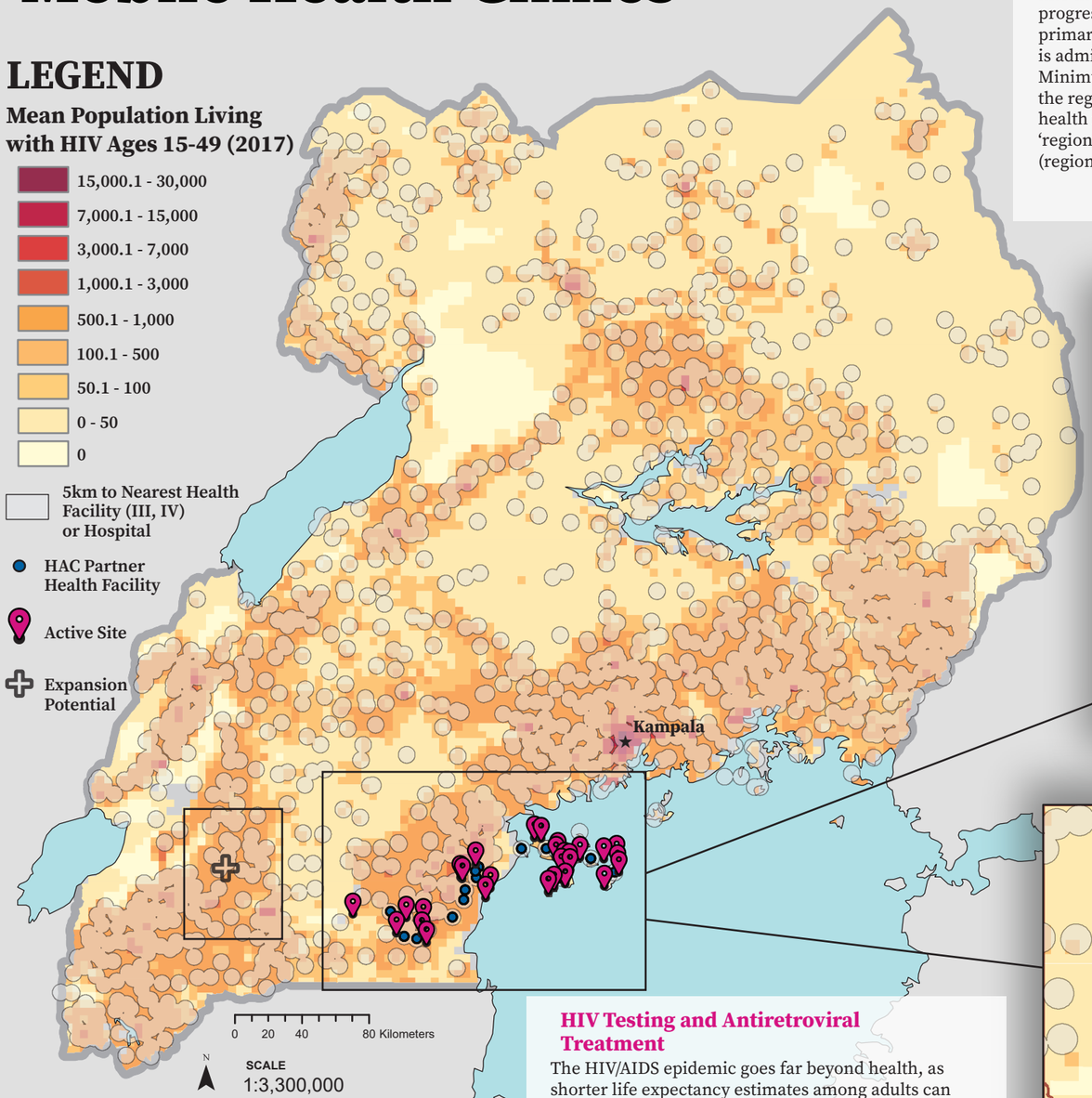
- 15,000.1 - 30,000
- 7,000.1 - 15,000
- 3,000.1 - 7,000
- 1,000.1 - 3,000
- 500.1 - 1,000
- 100.1 - 500
- 50.1 - 100
- 0 - 50
- 0

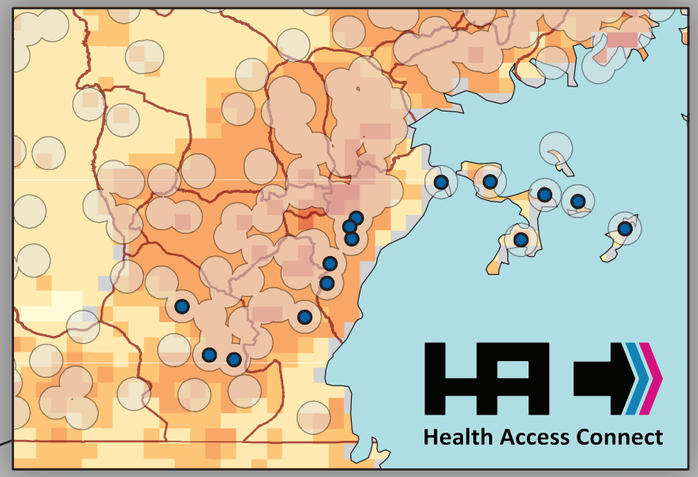
5km to Nearest Health Facility (III, IV) or Hospital

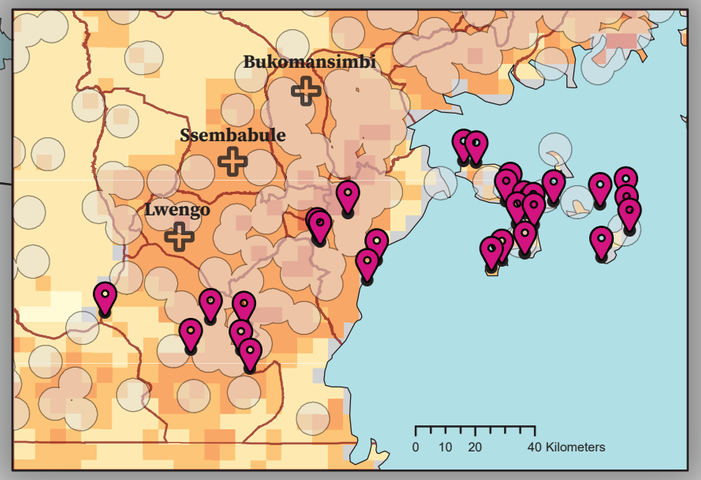
HAC Partner Health Facility

Active Site

Expansion Potential



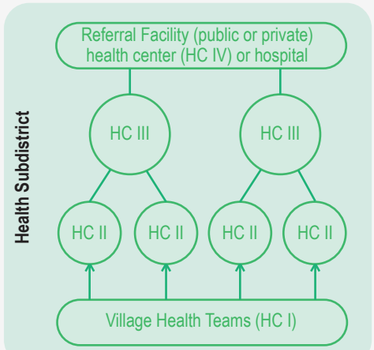




Cartographer: Lily Zander
Data: Discrete - Geometric Breaks
Projection: Africa Albers Equal Area Conic
Central Meridian 35° - Stand. Par. 1° - Stand. Par. 4°
Sources: ESRI - HAC - World Health Organization - Uganda Bureau of Statistics - Global Health Data Exchange - The Noun Project - Color Brewer

Overview of the Ugandan Healthcare System

Primary health care (PHC) is funded both publicly and privately, with 76% of total health expenditure coming from private sources (**55% of which is out-of-pocket funds**). Since 2012, the concept of universal health coverage (UHC) has been introduced into the system, but is still a work in progress. The health subdistrict (HSD) is the primary provider of PHC in Uganda, of which is administered through the National Minimum Health Care Package (NMHCP) at the regional and national level. Hierarchical health facilities are divided into a system of 'regional' (HCs I, II, III, IV) and 'national' (regional and national referral hospitals).



HIV Testing and Antiretroviral Treatment

The HIV/AIDS epidemic goes far beyond health, as shorter life expectancy estimates among adults can lead to family and community collapse, as well as economic and psychological hardship. **Only HC III, HC IV, and hospitals are equipped with free HIV testing and Antiretroviral drugs**. In addition to limited availability, health teams are unable to successfully distribute these medicines outside of the health facility.

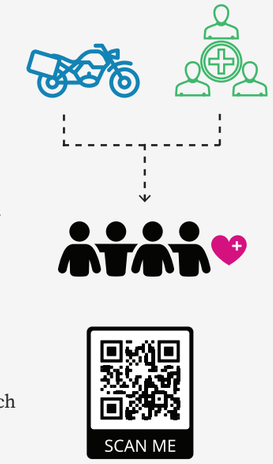
Why Does HAC Exist?

Over **79% of Uganda's 42.86 million people live in rural areas**, while half of the total population is younger than 18 years old. **A rapid growth rate of 3.4% - the fifth highest in the world - has tripled Uganda's population from 1980 to 2015**. Given these circumstances, essential health services offered through Health Access Connect are currently addressing the expanding underserved regions within the Southeast. Monthly 1-day clinics are offered to 28 active sites through 15 partnered health facilities, in which a boat or motorcycle taxi facilitates transportation for medical personnel and supplies. **Without HAC, these communities are limited by a lack of resources, and an inability to reach free, life-saving medical assistance at their nearest health facility**. Based on a sustainable business model, HAC's current success demonstrates the potential for expanding services across the nation where they are needed most.

Impact

Since the inception of HAC in 2014, roughly **20,000 patients in 42 villages have been reached** within the districts of Kalangala, Lwengo, Masaka, Rakai and Kyotera (approximately **1,350 villagers treated each month**). These services include antiretro-viral treatment, maternal care, malaria treatment, family planning, and child check-ups.

The current cost of HAC is **~0.55 $USD per patient**, which covers local transportation fees. This means **an entire village can be treated with just 22-28 $USD** each month.



Where can we go from here?

According to the national trends in the data, there are **many regions of 50 - 500 persons who still remain far from necessary primary and preventative care**. Thus, immediate expansion may tremendously benefit rural communities and livelihoods.
Prompt expansion efforts can be made further into Lwengo, as well as neighboring districts of Ssembabule and Bukomansimbi. Additional sites can be established in the heavily affected areas of the Southwest, **where there are higher population densities and more geographical barriers to access, such as mountainous terrain**. These areas are only ~45 km from current HAC operations.

In order to finance reliable transportation between facilities and patients, outside funding is essential for HAC to reach new districts. **It is hoped that in the future, every remote potential site may be connected to sustainable healthcare**.