

Framework in Global Health

Introduction

With the emergence of financial sustainability, patient centricity, care delivery, regulatory compliance and digital transformation at the top priority of Global Health agenda, the prominent leaders in healthcare sector necessitates extensive collaboration with all stakeholders. The participation of converging industries and health care ecosystem will eventually establish sustainable and smart health community (Chen *et al.*, 2017). In this report, the status of health services in China has been reflected. The various health issues as a consequence of disorder has also been elaborated through better understanding of the values of social, culture and political factors that affect health problem at country. A comparative study has been pursued for analyzing the effectiveness of healthcare status in two different countries


Demographic Transition

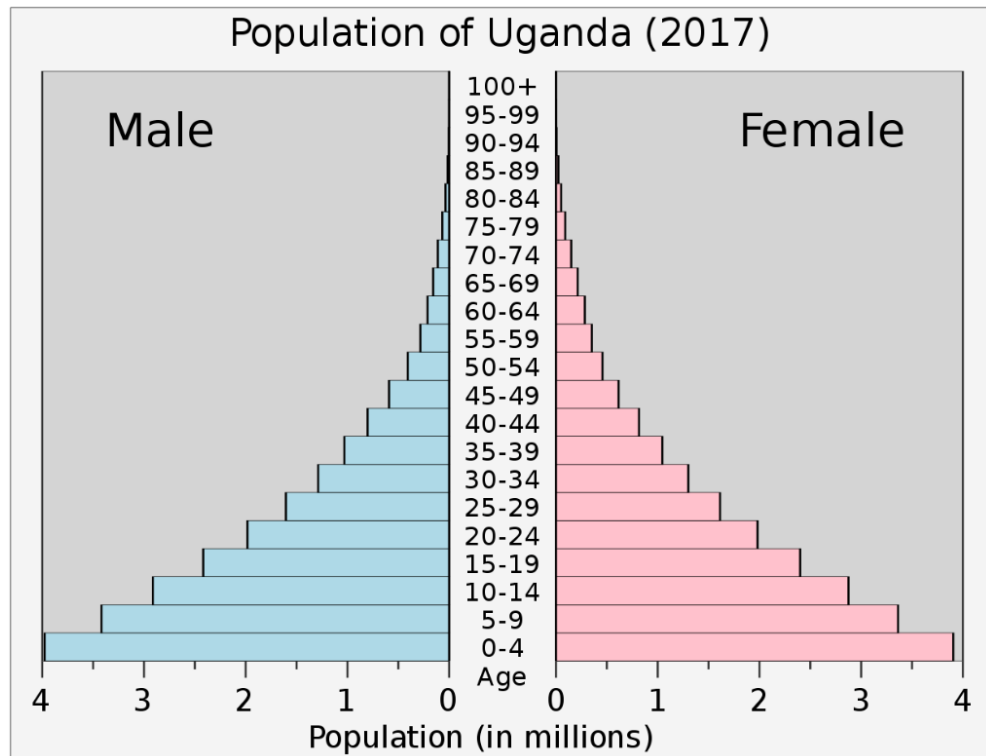
Table 1: Demographic Indicators

Indicator/Statistic	Country Value	Latest Yr. Reported	Source	Reference
Total Population	40,853,749	July 2019	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Crude Death Rate	9.9 deaths/1,000 pop.	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Crude Birth Rate	42.4 births/1,000 pop.	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Life Expectancy at Birth	Total Population: 56.3 yrs M: 54.8 yrs F: 57.8 yrs	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Pop Growth Rate	3.18%	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Percent of population living in Urban Areas	23.8% of total population (9,723,192 people)	2017	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Total Fertility Rate	5.62 children born/F	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Median age at first birth among women 25-29	18.9 years	2011	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html

Contraceptive Prevalence	38.4%	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Total Adult Literacy Rate (Literacy: Definition: age 15+ that can read and write)	Total Population: 78.4% M: 85.3% F: 71.5%	2015	Index Mundi	I. (2018). Uganda Literacy. Retrieved May 21, 2019, from https://www.indexmundi.com/uganda/literacy.html
Ethnic Groups	<ul style="list-style-type: none"> ● Baganda 16.9% ● Banyankole 9.5% ● Basoga 8.4% ● Bakiga 6.9% ● Iteso 6.4% ● Langi 6.1% ● Acholi 4.7% ● Bagisu 4.6% ● Lugbara 4.2% ● Bunyoro 2.7% ● Other 29.6% 	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Religion Group Breakdown	<ul style="list-style-type: none"> ● Protestant 45.1% ● Anglican 32.0% ● Pentecostal/Born Again/Evangelical 11.1% ● Seventh Day Adventist 1.7% ● Baptist 0.3% ● Roman Catholic 39.3% ● Muslim 13.7% ● Other 1.6% ● None 0.2% 	2014	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html
Net Migration	-0.7 migrant(s)/1,000 population	2018	CIA World Factbook	C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html

Table 1A: Economic Indicators

Indicator or Statistic	Country Value	Latest Year Reported	Source	Reference
GNI per capita	1,820 PPP dollars (\$155.53 USD as of 6/1/2019)	2017	World Bank	W. (2019). GNI per capita, Atlas method (current US\$). Retrieved June 1, 2019, from https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=UG
% Population below \$1.90/day	41.7%	2016	World Bank	W. (2019). Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population). Retrieved June 1, 2019, from https://data.worldbank.org/indicator/SI.POV.DDAY
% Central government expenditure for health	6.7% 	2016	World Bank	W. (2019). Current health expenditure (% of GDP). Retrieved June 1, 2019, from https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS
Gini Coefficient	42.8	2016	FRED Economic Data	F. (2018, September 27). GINI Index for Uganda. Retrieved June 1, 2019, from https://fred.stlouisfed.org/series/SIPOVGINIUGA



Population Pyramid

Pyramid Retrieved from C. (2018, February 01). The World Factbook: Uganda. Retrieved May 21, 2019, from <https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html>

Population Pyramid of Uganda in 2017 Break Down

Age Group	Percentage of Total Pop	Male/Female Distribution
0-14 years	47.84%	Male 9,753,880 Female 9,789,455
15-24 years	21.04%	Male 4,250,222 Female 4,347,313
25-54 years	26.52%	Male 5,422,096 Female 5,412,112
55-64 years	2.64%	Male 522,637 Female 554,287
65 years and over	1.96%	Male 351,481 Female 450,266
Median Age in Uganda 2017	Total: 15.9 years	Male: 15.8 years Female: 16 years

Epidemiologic Transition

Table 2: Burden of disease based on Global Burden of Disease series in the Lancet

Country Name: UGANDA
World Bank Income Stratum: LOW-INCOME ECONOMIES (\$995 OR LESS)
Under-five mortality rate for Uganda: 55 per 1,000
I. DALYs lost to communicable, maternal, perinatal and nutritional:
% DALY's lost to communicable, maternal, perinatal and Nutritional: 29% (WHO, 2019)
Top 3 Causes of DALY loss for this category 1. 2. 3.

II. DALYs lost to no communicable disease
% DALYs lost to no communicable disease
Top 3 Causes of DALY loss for this category 1. 2. 3.
III. DALYs lost to injuries
% DALYs lost to injuries
Top 3 Causes of DALY loss for this category 1. 2. 3.

Maternal Health and Nutrition

Table 3A: Maternal Health and Nutrition

Health/Nutrition Indicator	Statistic	Latest Date Reported	Source	Reference
Pregnant women who receive 4 or more antenatal visits	46% in rural areas 57% in urban areas	2011	Uganda Demographic and Health Survey 2011	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Births attended by skilled health personnel	Rural: 44% Urban: 88%	2011	UNICEF	
Births in health facilities				
Annual number of Live Births	1,665	2015	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Maternal Mortality Ratio (per 100,000 live births)	343	2015	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)

Table 3B: Neonatal/Perinatal Health and Nutrition

Health/Nutrition Indicator	Statistic	Latest Date Reported	Source	Reference
Stillbirth rate (per 1,000 total births)	21	2015	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Preterm birth rate (per 100 live births)	14	2010	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Early neonatal mortality rate				
Neonatal mortality rate	19	2015	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Neonatal mortality as proportion of all under 5 mortality (per 1,000 births)	35%	2015	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
% babies born with low birth weight	20%	2015	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Availability of EmONC Services (% of minimum acceptable level)	34%	2003	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Physician density (per 1,000 population)	0.1	2005	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
Nurse and midwife density (per 1,000 population)	1.3	2005	UNICEF	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler.

				(http://www.statcompiler.com)
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Post-neonatal/Child Health and Nutrition

Table 3C: Post-neonatal/Child Health and Nutrition

Health/Nutrition Indicator	Value/Statistic	Latest Date Reported	Source	Reference
Annual # of under 5 deaths (per 1,000 live births)	55	2015	UNICEF	http://www.geob.a.se/country.php?cc=UG&year=2018
Infant Mortality Rate (IMR)	57	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
Under 5 Mortality Rate (<5MR)	36	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% children < 6 months exclusively breastfed	62.9% nationally	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% children breastfed with complementary food 6-9 months	56%	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% under 5 moderately or severely <i>underweight</i>	33%	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% under 5 with moderate and severe <i>wasting</i>	41%	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% under 5 with moderate and	26%	2018	Uganda-Mortality	http://www.geob.a.se/country.php

severe <i>stunting</i>			rankings	?cc=UG&year=2018
Vitamin A supplementation coverage rate 6-59 months	34%	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% of households consuming iodized salt	22%	2018	Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
% population with adequate sanitation facilities	39%		Uganda-Mortality rankings	http://www.geob.a.se/country.php?cc=UG&year=2018
DPT-3 and Measles immunization rates in children 12-23 months of age	Rural 92.8% Urban: 94.6%	2015	UNICEF	http://www.geob.a.se/country.php?cc=UG&year=2018
Percentage of children with diarrhea who received ORS	23%	2015	Uganda-Mortality rankings	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)

Table 3D: School-age, Adolescent

Health/Nutrition Indicator	Statistic	Latest Date Reported	Source	Source
Primary school enrolment ratio <i>male</i>	12.21%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019. Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html
Primary school enrolment ratio	11.69%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019.

<i>female</i>				Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html
Secondary school enrolment ratio <i>male</i>	20.54%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019. Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html
Secondary school enrolment ratio <i>female</i>	39.32%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019. Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html
Median age at first marriage for women age 25-49 (years)	16.56%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019. Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html
Median age at first birth for women age 25-49 (years)	11.49%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019. Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html
Median age at first birth for women age 25-49 (years)	29.32%	2015	Uganda - School enrollment, 2015	Uganda - School enrollment, primary (% net). On 6 th June, 2019. Retrieved from: https://tradingeconomics.com/uganda/school-enrollment-primary-percent-net-wb-data.html

% of births born to women <18 yrs	33%	2011	Uganda Demographic and Health Survey 2011	Uganda Demographic and Health Survey 2011 via the DHS Program STATcompiler. (http://www.statcompiler.com)
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Adult and Elderly Adult Health and Nutrition

Table 3E: Elderly Adult Health and Nutrition

Health/Nutrition Indicator	Statistic	Latest Date Reported	Source	Reference
Life expectancy at birth – All, males, females	60 years	2017	World Bank	W. (2019). Life expectancy at birth, total (years). Retrieved from https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=UG
Prevalence of cigarette smoking in adult males and females	9.2 % overall prevalence 4.7 % Females 15.9 % Males	2016	Tobacco Induced Diseases Journal	Kabwama, S. N., Ndyabangi, S., Mutungi, G., Wesonga, R., Bahendeka, S. K., & Guwatudde, D. (2016, August 11). Tobacco use and associated factors among Adults in Uganda: Findings from a nationwide survey. Retrieved June 1, 2019, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4981967/
HIV prevalence	6.2% Nationally for ages 15-64 7.6% Females 4.7% Males	2017	UPHIA	UPHIA. (2017, August). UGANDA POPULATION-BASED HIV IMPACT ASSESSMENT UPHIA 2016–2017. Retrieved June 1, 2019, from https://www.afro.who.int/sites/default/files/2017-08/UPHIA Uganda factsheet.pdf
Premature mortality by cause	1. Neonatal Disorders 2. HIV/AIDS 3. Malaria	2017	IHMA	IHMA. (2017, September 20). Uganda. Retrieved from http://www.healthdata.org/uganda

Table: Supplementary Tables on Specific Diseases

Neonatal Disorders Table**HIV/AIDS Table****Malaria**

Top 3 Health Problems in Uganda

Make a table showing three or more ways that one could define the top three public health problems in the country, the criteria upon which the choices are made, and the source of the data

Criteria for Choosing	Top Direct Causes of Mortality Rate Right Now	Projected Top Causes of DALY loss at some point in the future e.g. 2020	Most important behavioral Risk Factors for Disease	Social and Environmental Conditions Affecting Health and Equity
Top 3 Problems	1. HIV/AIDS 2. Neonatal Disorders 3. Malaria	1. HIV/AIDS 2. lower respiratory infection 3. Ischemic cardiovascular disease	1. unsafe sex 2. alcohol consumption 3. high rate of fasting plasma glucose	1. Political and cultural barriers. People also do not have access to medications and care.
Sources of Information	CDC C. (2018, July 12). CDC Global Health - Uganda. Retrieved June 1, 2019, from https://www.cdc.gov/globalhealth/countries/uganda/default.htm	Healthdata.org (2018). IHME-Uganda. Retrieved from: (http://www.healthdata.org/uganda)	Healthdata.org (2018). IHME-Uganda. Retrieved from: (http://www.healthdata.org/uganda)	Healthdata.org (2018). IHME-Uganda. Retrieved from: (http://www.healthdata.org/uganda)

Paper and Questions for Country Assessment

1. DEMOGRAPHIC TRANSITION

A. At what stage (or stages) is your country in the demographic transition? Justify your answers referring to Table 1 as well as the dynamic presentation of the population pyramid at www.census.gov. If your country does not fit neatly into any stage of the demographic transition, state this and explain why. If there are significant “bulges” in the population pyramid, describe these. B. Is there evidence for significant variation by region, socio-economic status, or ethnic group? A good way to strengthen your answer to part

B. Go to <http://www.measuredhs.com/> and request a table showing values of TFR, contraceptive prevalence or other indicators by an independent variable such as level of education, income or region/province.

2. Epidemiologic Transition

A. Is the concept of “epidemiologic transition” applicable to your country, and if so at what stage is your country in the epidemiologic transition? Justify your answers. If your country does not fit neatly into any stage of the epidemiologic transition, state this and explain why. Examples of data to refer to in your justification, if available:

a. Deaths by cause.

b. Burden of disease is disability-adjusted life years (DALYs).

B. Is there direct or indirect evidence that different groups within your country (rich versus poor, ethnic minorities etc.) have distinct patterns of disease burden? A good way to strengthen your answer to part B is to go to <http://www.measuredhs.com/> and request a table showing values of MMR, IMR, <5MR, rates of wasting or stunting or other indicators that demonstrate the disease burden attributable to (DALY loss from) communicable, maternal, perinatal & nutritional problems by an independent variable such as level of education, income or region/province.

In 2013, Uganda had more patients beginning antiretroviral treatment than the number of new HIV cases. However, access to medications and care is a severe challenge. As of 2016, 33% of adult and 52% of children with known HIV were not receiving treatment due to disparities and negative stigma. As of 2017 the infant mortality rate in Uganda was about 35.4 deaths per 1,000 live births. As of 2017 the leading causes of neonatal deaths are 27% Preterm birth complications, 29% Intrapartum related events, 17% Sepsis, 12% Congenital abnormalities, 7% Pneumonia and 8% other conditions. Uganda is facing high infant mortality rate.

3. HEALTH AND NUTRITION THROUGH THE LIFE CYCLE

A - Maternal morbidity and mortality rate is death occurring during pregnancy or child birth. Uganda has a high maternal mortality 440 maternal deaths per 100,000 live births. As of 2007 leading causes of maternal mortality is 34% Hemorrhage, 19% Hypertension, 9% Sepsis, 9% Abortion, 11% other direct, 17% Indirect and 1% Embolism.

B - As of 2017 the infant mortality rate in Uganda was about 35.4 deaths per 1,000 live births. As of 2017 the leading causes of neonatal deaths are 27% Preterm birth complications, 29% Intrapartum related events, 17% Sepsis, 12% Congenital abnormalities, 7% Pneumonia and 8% other conditions. Uganda is facing high infant mortality rate.

C - As of 2017 infant mortality death was about 35.4 deaths per 1,000. As of 2015 the rate death of children before reaching 5 years is 55 deaths for every 1,000 live births. Main causes leading to infant death are Malnutrition, Sepsis, RTI, Diarrhea, HIV etc. Certain steps should be taken certain measures must be taken to prevent these infant deaths.

D - According to ministry of health 25% of the Ugandan teenagers become pregnant by the age of 19. Before their 18th birthday about 49% of women in Uganda are married. Ugandan women produce babies until their 40s. STI and HIV are very common among Ugandan women. Adolescents are the highest demographic segment yet sexual, reproductive and health services are limited.

E - In 2015, approximately 1.5 million people are infected with HIV in Uganda. Five leading diseases in Uganda are HIV, tuberculosis, RTI, malaria and diarrhea. Uganda has highest malaria incidence with 478 people out of 1000 people every year. In 2014, 19,869 deaths accounted in Uganda due to malaria (6.19% of total death).

4. TOP HEALTH PROBLEMS IN YOUR COUNTRY

Maternal/Neonatal Health:

A significant health problem within Uganda, is health coverage. In 2007, neonatal disorders were the 3rd highest cause of premature deaths. However, by 2017, even with a -12.1% change, it became the top contributor to premature deaths in Uganda. In regards to maternal and infant mortality, significant challenges to access to care in rural communities lead to higher maternal and infant/child mortality. Less than half of the poorest mothers that live in rural areas have access to a skilled birth attendant. Compared to urban areas in Uganda, women in rural areas are 11% less likely to receive antenatal care. Rural area only have 52% coverage of skilled attendance at birth compared to 89% in urban areas. Only 9% of newborn in rural areas receive postnatal care, compared to 21% in urban area. In the poorest households, only 44% of mothers has a skilled birth attendant compared to the 88% of mothers in rich households. 20% of newborns born within rich households receive postnatal care within 2 days after birth, and 80% of those newborns were weighed at birth. Only 40% of newborns born in the poorest households got weighed at birth. Uganda's main causes of neonatal deaths in 2015 were birth asphyxia (28.6%), prematurity (27.9%) and sepsis (18.2%) (Liu et al., 200-2015). All three of these reasons can be prevented using primary care and increasing health care access to rural communities.

HIV/AIDS:

In 2007, HIV/AIDS was the top cause for premature death in Uganda. By 2017, it has dropped 64.1% and is now the second most common reason for premature death (IHMA, 2017). Uganda was one of the first countries in Africa to aggressively respond to the HIV/AIDS epidemic through education on transmission. As of 2017, 1.3M people are living with HIV. 73% of adults and 68% of children are using antiretroviral treatment (AVERT, 2019). Access to treatment and medications depends on geographical location. Rural populations are disproportionately affected. HIV prevention program success is hindered due to varying political and cultural barriers. Due to cultural barriers, HIV/AIDS is considered to be shameful. Societal attitudes towards individuals who engage in same sex behavior, sex workers and injectable drugs causes many individuals to not want to engage in HIV testing and programs. As a result, HIV

prevalence is expected to rise in future years (AVERT, 2019). In 2013, Uganda had more patients beginning antiretroviral treatment than the number of new HIV cases. However, access to medications and care is a severe challenge. As of 2016, 33% of adult and 52% of children with known HIV were not receiving treatment due to disparities and negative stigma (UNAIDS, 2017). The HIV/AIDS challenge in Uganda requires the government to strengthen its national response. The current funding is heavily donor dependent and improvements towards this health challenge needs to be met with more government interventions (UAC, 2015)

Malaria:

In 2007, Malaria was the second most common cause of premature deaths in Uganda. By 2017, there was a -54.8% change, dropping it to the third most common cause of premature death (IHMA, 2017). Access to medication is limited.

C - According to ministry of health 25% of the Ugandan teenagers become pregnant by the age of 19. Before their 18th birthday about 49% of women in Uganda are married. Ugandan women produce babies until their 40s. STI and HIV are very common among Ugandan women. Adolescents are the highest demographic segment yet sexual, reproductive and health services are limited

Rank the relative importance of the set of health problems in your country according to the consequences of these disorders on summary measures of health status such as disability-adjusted life years.

Country that is having a low per capita income like Uganda can face various health issues, which is essential for being addressed in order to ensure a better life for the population in the future. In the present scenario, Uganda and its people are facing issues like malnutrition. Children in Uganda are mostly affected out of it. From the report of Diamond (2012), it is understood that the people of Uganda are having limited access to their health support. It is assessed that the people of this region are in serious need for proper amenities related to medical facilities. Another most essential thing that the World Health Organization (WHO) needs to take care of is the unprotected and unsafe operation during pregnancy. Deaths due to unsafe medical practice to birth giving are one of the most life-taking thing that the people of Uganda are facing at the moment. The rates of death related to this unsafe practice are increasing. According to the study of Who.int (2019), it is analyzed that around 9% of the total population of Uganda are dying every year because of abortion, while majority of 34% are dying because of hemorrhage. Addition to this, malaria, hepatitis and anemia are common causes of high mortality rate in this region.

It is becoming essential for the Ministry of Health to identify the area within this selected region of Uganda and to provide the needed medical support to the women and children living in it. With the help of quality medical facilities, the children will at least get a change to take birth with proper cautions and safe practices. HIV is another reason for death in Uganda. It is essential for WHO to identify the reasons for unsafe sexual activities, that is affecting the mass a s a

whole. It is relevant for the health department to provide proper education to the mass regarding consequences of unsafe sex, which can let this thing stop from happening. As per the report of Who.int (2019), Uganda is claimed as the 19th country under 5-death. Child mortality are increasing and the prominent reasons are diarrhea, malnutrition and pneumonia that contributes one-third of entire deaths. It is relevant for the medical support provider to ensure that the medical facilities should be provided in correct manner to these people for their better health conditions, especially among children.

Reflect on the importance of social, cultural, and political factors that affect the relative importance of health problems in your country.

Social, cultural and political factors are the most essential element that needs to be understood in order to ensure that the people of the selected region are having proper medical facilities. It is relevant to know the culture of the people in order to understand their lifestyle and the food habits they follow, which further help in creating proper report making of the facts that is related to the cause of death per year. On the other hand, assessment of the political factor is even necessary in order to understand the ability of the government to take care of their people. Intervention of political groups in uplifting the medical standard is essential for the development of better policies, which can support the living of people (Geoffrey *et al.*, 2017).

Need for family planning and the education regarding safe sexual activities and proper abortion among people can only be done with the help of political interference (de HaasHutter& Timmerman, 2017). It is essential for the people in Uganda to understand the need for childbirth in healthy condition, which can help in sustainment of better society as a whole in the future. Malnutrition can be addressed with the help of interference of media, which can only be circulated with the help of political groups. It is necessary for the government to arrange for the required funding that can allow the people in receiving better medical support.

Dysfunctional way of circulation of medical support and poor infrastructure within the medical institutes need to be looked after by the government in order to ensure that the Uganda people are provided with quality delivery services during their time of birth giving and contraception (African Health Observatory, 2019). However, it is required by the government to identify the social life followed by the people that are in rural and in urban areas and their reach to medical amenities in order to identify the level of discrimination made among these people. As per the recent report of African Health Observatory (2019), in many rural part of Uganda are not provided with proper skilled medical staff, which is another reason for malpractices. This is what needs to be addressed in order to create better treatment of the diseased.

Furthermore, it is essential to identify the way with the help of which general public health can be maximized, which can be done only by understanding the social factor and the interference of political powers within the country (Baltussen&Niessen, 2006). It is necessary for the developers of the policies to follow the intuitive approaches in order to create simplicity to the complex health conditions that are faced by the Uganda people. On the other hand, cultural factors need to be analyzed in order to see that the people of this region are not deprived of their believes, while exercising the right way of medical practices in their daily lives.

Conclusion

During the time of completion of this study, it is understood that the people that are in Uganda are mainly affected of malaria and children are mostly affected out of pneumonia. It is essential for the medical practitioners to understand their own degree of medical practices that they make on these people. It is necessary for the political powers to intervene the issues of malnutrition, which is becoming the recent issue for child deaths in Uganda. Moreover, it can be concluded that the need for proper medical equipment and staffs are there in the rural part of Uganda, which can only be addressed with the interference of political groups. It is also essential for the medical practitioners to understand the standard of medical tolls that are used for the treatment purposes and to arrange for better ones for serving the people in proper manner.

References

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