



Piero and Lucille Corti Foundation ETS is a non-profit organization, recognized as a Third Sector Organization (ETS) according to Italian legislation, which has the task of supporting the St. Mary's Hospital Lacor, a non-profit hospital located in Gulu, in the North of Uganda. For 60 years, Lacor has represented a concrete hope of recovery for 200,000 people every year, most of them patients too poor to bear the actual cost of treatment.

The story of the Lacor Hospital and the Corti Foundation is also the story of Lucille Teasdale and Piero Corti, respectively a Canadian surgeon and an Italian paediatrician. In over 35 years of life and commitment, they have transformed a small missionary hospital into one of the foremost non-profit healthcare facilities in Equatorial Africa.

In 1993, the Corti couple created the Foundation that bears their name to ensure the continuity of the hospital's mission: "to guarantee the best possible care for the greatest number of people and at the lowest cost" and "to train local staff." Today, the Corti Foundation is supported by the generosity of those who believe in the continuity of the hospital's work for the benefit of the poorest. Throughout its history, the hospital has faced countless emergencies, including dictatorships, armed conflicts, and an Ebola epidemic in 2000. Despite the difficulties, however, the structure continues to grow and provide accessible care to most impoverished people (with less than two dollars a day).

Treatment capacity - Every year, the hospital welcomes and treats around 200 thousand patients from across the country and beyond the border. Of all patients, more than 80% are children and women, the most affected by the "diseases of poverty." Lacor offers specialist care in medicine, surgery, traumatology, pediatrics, and obstetrics-gynecology. It has 554 beds, 72 of which are in the 3-peripheral health centers within 40 km of the hospital. On average, over 400 hospitalized patients are present daily, and the same number are visited in outpatient clinics. In the last 15 years, 3.8 million people have been treated at Lacor.



*Figure 1: Lacor, in the past and today*

Training and employment - Lacor Hospital has 700 Ugandan employees, including management, and is one of Northern Uganda's largest private employers. Most of the people paid by Lacor are women. Furthermore, Lacor offers numerous professional training courses: around 600 resident students attend its schools yearly for nurses, midwives, laboratory and anaesthesia technicians, and operating room assistants. Added to these are 200 external students: Lacor is the university centre of the Faculty of Medicine of the Gulu State University and an internship site for doctors, pharmacists, and other recent graduates from government and non-Ugandan faculties.

To survive the decades of isolation, the hospital had to set up a large technical department capable of carrying out construction, repairs, and maintenance, which allowed bricklayers, carpenters, electricians, and mechanics to be as self-sufficient as possible and simultaneously learn a trade. Furthermore, a credit cooperative within the hospital was founded in 1997, which grants its employees yearly loans. Most of the loans requested are used for children's education, both one's own and the extended families. Thousands of children have received an education thanks to this opportunity and the stable employment offered by the hospital.

### General overview of the activities of the Lacor Hospital in the last year



In the financial year ending in June 2023, Lacor Hospital and its three-peripheral health centres treated 189,525 patients, of which 30,263 were hospitalizations.

In its last Annual Report on the Performance of the Healthcare Sector the Ministry of Health has adopted the methodology of the

Related Diagnosis Groups (DRG) to evaluate, with regards to hospitalized patients, the workload of the Regional Reference Hospitals (RRH) and the private non-profit hospitals (PNFP), to which the Lacor Hospital belongs. This methodology links the workload to the complexity and cost of the case. Lacor, in the financial year from 01/07/2022 to 30/06/2023, handled the third highest DRG workload in Uganda after two large

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government hospitals in the south and west of the country. Lacor was, therefore, classified as the best-performing private non-profit structure.

Due to the consequences of the pandemic, war in Europe, and climate change, more and more families are at risk of falling back into the absolute poverty from which they had previously emerged or were trying to escape, due to "catastrophic" healthcare costs. Since the region where the hospital is located has the highest number of people living in poverty in Uganda, Lacor Hospital is focused on ensuring access to medical care for the disadvantaged population.

In the latest financial year ending June 30, 2023, Lacor Hospital managed to keep patients' cost-sharing rate down to 24.33% on average, with more than three-quarters of the cost subsidized. In the presence of inflation around 10% (with a peak of 20% for food and transport), the hospital managed to limit the increase in patient contribution to just 2% compared to previous years. Except for primary services, government facilities also ask for cost-sharing from patients. Lacor shares with the public health system the burden of the most severe cases and the assistance to the poorest population, filling the gap in the capacity of the public system, which, although improving, is still largely insufficient.

Rates for protected groups, especially mothers and children, are low (tests and medications included): outpatient treatment for one child - 2,000 UGX (0.46CHF); childbirth - 25,000 UGX (5.75 CHF); caesarean section - 50,000 UGX (11.49 CHF); admission to paediatrics - 10,000 UGX (2.30 CHF). Villagers keep chickens, goats, and peanuts for unexpected expenses. For a chicken sold on the road site, they can get UGX 25,000 (CHF 5.75), while for a goat or a bag of peanuts, UGX 120,000 (CHF 27.59). Sometimes, patients from villages do not ask how much the treatment costs in money but rather in chickens. Even hospitalized patients are protected by the "lump sum" system, with a few exceptions (costly drugs or tests), so they know how much they will spend and do not hesitate to come to the hospital. In the last year, Lacor treated 9,612 patients free of charge and 99,445 at a nominal fee of less than UGX 25,000. So, 57.54% of all patients were treated for free or at a nominal fee. Also, of note is that 30.93% of all patients were treated in the hospital's three peripheral health centres, benefiting from a protected referral in case of emergency health problems, such as the need for a caesarean section. These health centres are approximately 40 km from the city and serve an impoverished rural population.

## **Projects proposals**

### **A - Structuring the Ambulance services**

In low-income countries, hospitals usually utilize the same vehicles for very different tasks because they cannot afford as many cars as they would need for all their activities. Consequently, the same station wagon utilized most of the time for transporting staff and goods is also used as an ambulance since it is predisposed to accommodate a stretcher. In the case of Lacor Hospital, there was also the need to make all the Hospital cars considered medical vehicles during the Civil War.

It is now time for the Hospital to restructure its 8 "ambulances" fleet and separate the vehicles utilized for staff transport for outreach clinics or other logistic tasks from those for transporting injured or ill patients.

The Hospital intends to dedicate 3 vehicles exclusively to transporting injured or ill patients by acquiring a new ambulance and refurbishing 2 existing multi-purpose cars. Three ambulances will allow the Hospital to respond to more than one emergency call at a time, allow maintenance and repair off-duty time, and sanitation of the vehicle after transporting infectious cases. The Hospital has some experience in this field, having managed an Ebola epidemic years ago and maintained active preparedness and procedures in this area since then.

The new ambulance that the Hospital intends to acquire is of the basic type, that is, with just a stretcher and predisposed to accommodate an oxygen cylinder, resuscitation/monitoring equipment, or any other portable equipment that might be needed in the specific situation.

To reduce transfer times and, at the same time, maintain a high level of ambulance transport, safety, and driving courses will be organized for the 10 hospital drivers, who will all be available on shift for ambulance emergency services.

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The cost of such a 3-year project is estimated as indicated below. To remain within the grant limit of € 30,000 a year, the Hospital can anticipate part of the amount needed for the purchase of the new ambulance, knowing that it can rely on a donation that will cover the entire expenditure.

**Project costs**

New ambulance	48.000 €
Extraordinary maintenance of old ambulances	12.000 €
Training for drivers	5.000 €
Medical kits for 3 ambulances	12,000 €
<b>TOTAL</b>	<b>77.0000 €</b>

**B – New accounting system**

More than 20 years ago Lacor Hospital, because of the size and complexity of its operation, was one of the few hospitals in Uganda to install a computerised accounting system. The decision to install Navision (Microsoft) was made because it was consistent with the hospital needs, and at that time the only one with technical assistance in the country. Currently Microsoft has replaced Navision with Business Central. To avoid the risk of depending on a system that does no more offer adequate upgrading and assistance, the Hospital decided to move to Business Central and to use this opportunity to re-design the accounting and administrative processes and procedures to make them more tailored to the current needs of the hospital, also integrating it with the other IT systems of the Hospital.

Actually, in the past decade, given the increasing availability of suitable and accessible technology, the hospital started to use additional systems to gather patient data, monitor the quality of the services offered, and keep track of the necessary maintenance of all the equipment used in the different hospital wards.

Not all these applications can share information, while also some specific administrative processes are currently managed using their own systems.

In order to assure reliability, safety, and integration of the administration and in general of all its management functions the Hospital intends to get professional assistance for designing the new system, to install new software adequately personalised, to procure an additional server to meet the needs of the new system design, and train the staff on the new system, for a total cost of € 81,000.

To remain within the grant limit of 30,000 euros a year, the Hospital, knowing that it can rely on a donation that will cover the entire expenditure, can meet in advance part of the cost according to the project advancement.

**Project costs**

Consultancy for the new system design	25.000 €
New software and personalization	30.000 €
Procurement of a new server t	20.000 €
Staff training on the new system	6.000 €
<b>TOTAL</b>	<b>81.000 €</b>

## EXAMPLES OF POSSIBLE PROPOSALS FOR RECURRENT COSTS

### **C - Bridging the gap in the care of cancer patient**

In Uganda, cancer is treated in the specialised centres of Kampala, Mbarara and Mbale. A few other hospitals, like Lacor Hospital, also treat a few types of cancer. Lacor treats mainly Burkitt's Lymphoma, which has a high prevalence in Uganda, commonly in children with specific viral infections, and responds well to treatment. Lacor Hospital treats about 100 patients a year with Burkitt's Lymphoma and about 30 patients with other cancers. The treatment of these patients requires expensive chemotherapy drugs, for which the Hospital could usually find some help from different donors, though not always on regular basis. In the meantime, the Government has just finished building a Cancer Centre in Gulu, that should take care in the future of most of them. However, there will still be need for some time of the help of other hospitals because it is calculated that in the country only ¼ of all cancer patients have as for now access to treatment. Lacor Hospital expect that it will have to care for cancer patients for some more years before the government unit takes fully over. The cost of drugs for cancer patients in Lacor Hospital amount to about € 25,000 a year and the Hospital shall continue trying to mobilise help from donors. The approach to the problem of cancer patients explains the general attitude of Lacor Hospital, that always tries to fill the gaps of the government system, and to care for the people that the national health system is not yet able to care for. This involves operational flexibility to adapt to the evolving needs and getting external support to keep its services accessible also by the more disadvantaged section of the population.

#### **Project costs**

Burkitt and other cancers treatment	75.000 €
<b>TOTAL</b>	<b>75.000 €</b>