



HEALTH FOR ALL? UGANDA'S ONGOING JOURNEY TOWARD UHC

Achieving truly inclusive health systems is no easy task.

In Uganda, where Universal Health Coverage is set as a 2030 goal, structural disparities between urban and rural areas, resource constraints, and aid dependency remain key hurdles, yet they also inspire locally driven innovations.

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Uganda, a landlocked country in East Africa, is home to more than 47 million people and one of the world's fastest-growing populations.

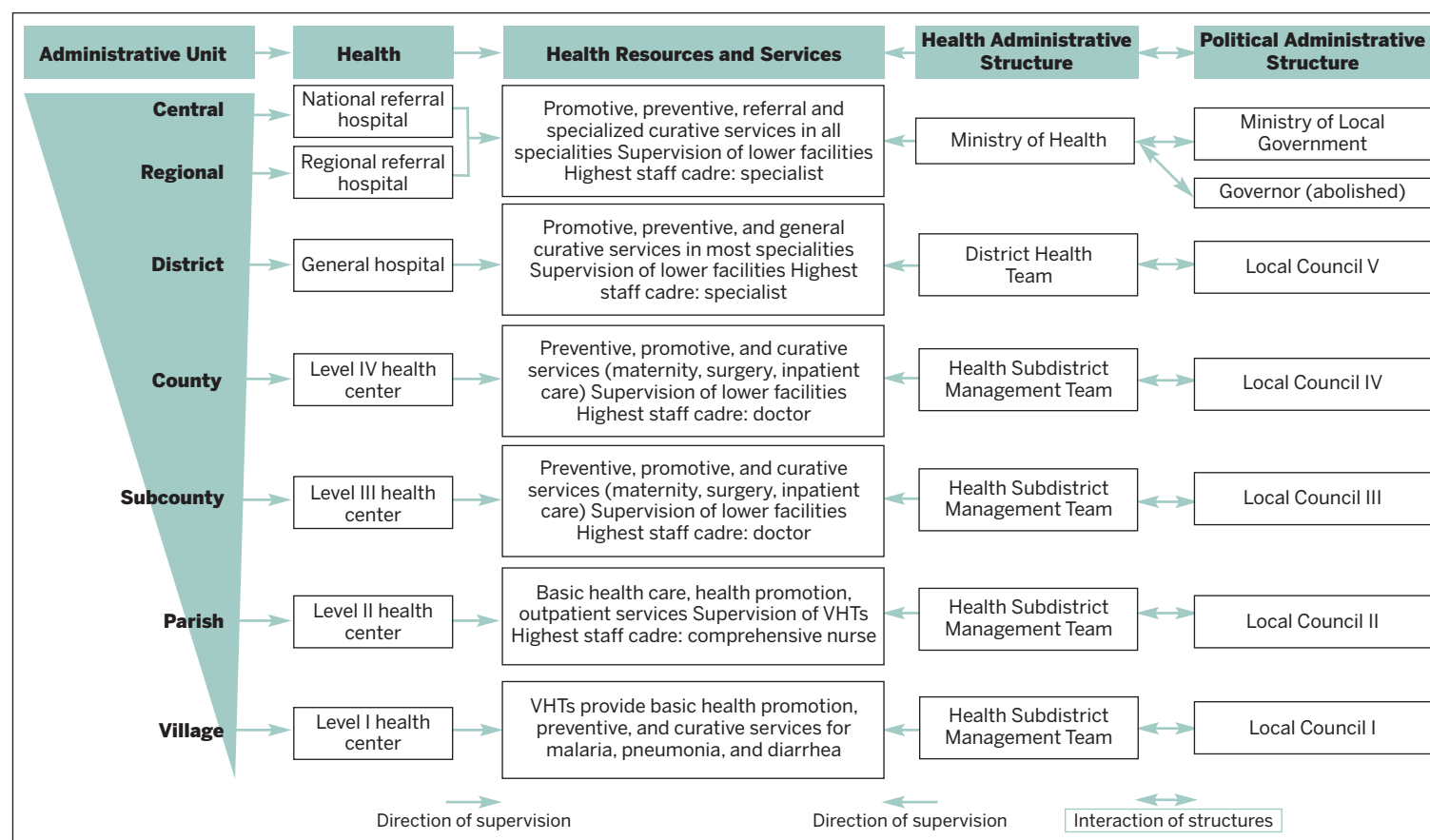
Through its Health Sector Strategic Plan (2020/21–2024/25), Uganda aims to “strengthen the Health System and its support mechanisms with a focus on Primary Health Care to achieve Universal Health Coverage by 2030”¹. Progress is tangible: 91% of the population now lives within five kilometres of a health facility, HIV prevalence has declined from 7.2% in 2010 to 5.1% in 2023, and the country now offers routine immunization against 14 diseases, with coverage rates among the highest in the region. Yet

Uganda still faces a high burden of preventable diseases, limited infrastructure, and critical gaps in healthcare financing and human resources.

THE STRUCTURE OF CARE

The Ugandan health care system is organised in a multi-tiered structure designed to provide specific packages of health services. The system also incorporates private and non-govern-

FIGURE 1 / UGANDA'S HEALTH SYSTEM STRUCTURE (FROM NANYONJO A, ET AL)



mental organizations (NGOs) that complement government efforts, providing additional services in urban and rural areas.

The foundation of Uganda's health system lies in community health services, focusing on preventive, promotive, and basic curative services. The base are **community health services**, provided by Village Health Teams (VHTs) — volunteers who serve as the first link between households and the formal health system. Since 2016, Uganda has been working to professionalize this layer through the introduction of Community Health Extension Workers (CHEWs)², though the rollout remains incomplete.

At the **primary level**, Health Centres II and III provide basic outpatient services, maternal care, and outreach for disease prevention. **At the referral facility level, Health Centre IVs and general hospitals** offer more advanced diagnostics, surgeries such as caesarean sections, and blood transfusion services. At the top are **Regional Referral Hospitals and National Tertiary Care**, which are equipped with advanced medical technologies and specialists, offering comprehensive and complex treatments.

RESILIENCE THROUGH DIFFICULTIES

Despite a structured health system, the health divide between **urban and rural Uganda** remains stark. Cities like Kampala benefit from better infrastructure, equipment, and a higher concentration of skilled health workers. In rural districts, facilities often lack essential medicines, staff, or electricity³. Long distances, cultural barriers, and limited awareness further discourage timely care-seeking. As a result, despite efforts made to improve health, rural populations face higher rates of morbidity and mortality — particularly among mothers and children.

At 189/100,000 live birth, maternal mortality rate remains high, largely due to inadequate access to skilled birth attendants, quality maternal healthcare, and emergency obstetric services. Child health indicators, including infant mortality and malnutrition are improving but, remain very high.

The country is still grappling with limited financial resources to fund healthcare adequately. The health sector relies heavily on external aid and donations, which are often unpredictable. In 2023/24⁴ of the 4.052 Trillion budget 38.4% was funded by the

donors and it was much higher in some disease programmes, like in HIV/AIDS. As a result, Uganda struggles with budget constraints, leading to a shortage of essential medicines, medical equipment, and trained healthcare workers.

In the recent years, there has been an increase in the available health workers per population, the number of medical doctors and nurses and midwives now registered with the professional councils is 9,388 and 119,132 respectively. Despite, the health workforce remains stretched: only 34% of public staffing positions are filled, despite a growing pool of trained professionals. Many rural areas⁵ rely on underpaid or voluntary staff to meet basic needs.

Despite structural gains, Uganda's health system remains vulnerable to external shocks, including epidemics and climate-related disasters. In recent years, the country has faced recurrent outbreaks of Ebola, Monkeypox, and malaria, as well as a high burden of tuberculosis. The proximity of Uganda to neighbouring epidemic hotspots like Congo and South Sudan and the free movement of people including refugees puts Uganda at continuing risk of epidemics. Climate change effects leading to extreme weather events like floods, droughts increase the likelihood of epidemics.

The growing burden of **non-communicable diseases** — including hypertension, diabetes, and cancer — is another challenge. These conditions require long-term management and specialized care, which are often unavailable outside of major urban centres.

THE ROAD AHEAD

The Ugandan health system has made notable strides in improving healthcare access and tackling major health challenges, particularly HIV/AIDS and malaria. However, it remains fragile, underfunded, and hampered by a shortage of skilled health workers and inequitable distribution of resources. As the country works toward more resilient and equitable health services, the experiences from the ground remind us that **universal health coverage is not just a policy goal — but a collective responsibility**. These challenges provide a continuing role for CUAMM in the Uganda health system.

NOTES

¹ Ministry of Health, Health Sector Strategic Plan 2020/21 - 2024/25

² Ministry of Health, National Community Health Strategy 2021/22-2025/26

³ Ministry of Health, Human Resource for Health Audit Report, 2017/18

⁴ Uganda Ministry of Health, Annual Health Sector Performance Report 2023/24

⁵ Ramadhan H, 2015, Retention challenges of human resources for health: What are the alternatives incentives for retention of skilled health workers in Uganda health sector? Med. Pract. Rev. <https://doi.org/10.5897/MPR.2014.0110>