

Boda, car crash, injuries killing

The 2025 healthcare report shows that the sector generally performed poorer than in the previous financial year, with nearly a 10 percent increase in the number of admissions, writes **Tonny Abet**

A new health sector performance report shows that more people have died in hospitals between July 2024 and June this financial year than in the same period in the previous financial year.

The 2025 report shows there were 51,718 deaths in the FY 2024/2025, compared to 47,991 in the FY 2023/2024.

"Regional Referral Hospitals and General Hospitals account for 60.5 percent of all facility deaths. The country recorded a 7.2 percent increase in the number of deaths compared to the previous 2023/2024 financial year," the report states.

Not all hospitals fully report admissions and deaths, with only 71 percent of facilities reporting fully to the Health ministry systems. This indicates the figures presented in the performance report for the sub-programme may not be the exact number of deaths in the population, but a good pointer to what is killing many people.

Although the new report indicates the health sector generally performed poorer than in the previous financial year, our assessment also shows there was nearly a 10 percent increase in the number of admissions, which could partly explain the rise in hospital deaths.

"Overall, the leading causes of death remain the same (when compared with the previous financial year). If aggregated, motorcycle accidents, motor vehicle accidents, and other injuries could be the next leading causes of death after malaria," the report reads.

"Neonatal deaths increased from 4,208 in 2023/2024 to 4,447 in 2024/2025 financial years. This is a 5.7 percent increment in the number of neonatal deaths," the report reads further.

More than 32 percent of neonatal deaths are premature babies; a condition that requires management. Injuries from all causes accounted for 4.8 percent of the deaths, after malaria at 5 percent.



A health worker attends to patients in an ICU ward in Mulago Hospital in 2021. In the latest 2025 health report, only 71 percent of health facilities report admissions and deaths to the Health ministry systems. PHOTO/FILE

The report also says death due to hypertension is on the rise, accounting for 4.5 percent of all inpatient deaths compared to 2.8 percent in the previous year.

To gauge the overall performance of the health sub-programme, the report authors reviewed 27 out of the 32 key outcome indicators. The five not assessed due to lack of data were prostate and breast cancer screening rates, young people accessing age-appropriate sexual and reproductive health information, vaccination against Covid, and comprehensive knowledge of malaria prevention methods.

Among the indicators assessed were vaccine coverage for different population types and different types of vaccines, use of insecticide-treated bed nets, coverage and adherence to ARVs for the general population living with HIV/Aids and for preventing mother-to-child transmission of HIV/Aids.

They also assessed TB, leprosy, trachoma, disease outbreaks management, tobacco non-smoking rate, cancer screening rates, anaemia screening in antenatal visits, health facility deliveries, maternal and newborn deaths, vitamin A coverage, and folic acid uptake in pregnant women.

"Out of the 27, the sector achieved 25.9 percent compared to 40.8 percent in the 2023/24 Financial Year; made some pro-

gress, though did not achieve the annual target for 40.8 percent compared to 25.9 percent the previous year," the report reads.

The report also shows there was "minimal, no progress or decline in 33.3 percent of outcome indicators, same as the 2022/2023 financial year. This shows some decline in performance over the last year."

Why poor performance

The Health ministry highlighted in the report disruptions in donor funding (the dismantling of United States Agency for International Development [USAID]), limited human resources, inadequate equipment, and patients arriving late at hospitals as some of the main reasons for the poor performance.

The health system relies heavily on foreign donations, with USAID serving as one of the major partners. USAID had been supporting the health sector through placement of health workers in Ugandan health facilities, which remain largely understaffed; supporting community health interventions and bridg-

ing gaps in drug supplies.

"Slow progress or non-achievement of some targets was due to low coverage of HIV-positive pregnant women initiated on ARVs for EMTCT (91 percent), HIV-exposed infants with first DNA/PCR test within 2 months (83 percent), ART retention rate at 12 months (80 percent) which declined compared to the previous year due to partner funding shortfalls resulting from the work stop orders that affected access of HIV/Aids commodities and supplies," the report reads further.

The report further indicate that performance was also affected by the high numbers of leprosy patients in West Nile and Tooro region due to influx of refugees from the Democratic Republic of the Congo (DRC), and South Sudan, stock-out of HepB vaccines upon roll out of HepB birth dose, limited awareness about cancer screening services, as well as poorly equipped facilities.

"Under maternal health services, there is late antenatal care attendance affecting uptake of IPTp (vaccine), and inadequate supplies for anaemia screening during prenatal visits," the report reads.

Injuries

A total of 2,106 deaths due to injuries were reported by hospitals between July

2024 and June 2025. But the Police Crime report says 5,144 people were killed in road accidents in 2024 compared to 4,806 people killed in 2023.

Some of the people who die in accidents may not be captured in the Ministry of Health system, which largely relies on reports from hospitals.

Officials, experts speak

Dr Diana Atwine, the permanent secretary at the Health ministry, while commenting on the report, said they have tried their best to ensure the services remained uninterrupted amid challenges faced in the 2024/2025 Financial Year.

"We are looking at what we have achieved and where we have not achieved; we are strategising again to see that we can achieve. We want to deliver health services that are anchored on patient-centeredness, on quality, efficiency and a resilient system," she notes.

Dr Atwine says they want to address the headache of health financing, with the revival of the push for a national health insurance scheme.

She adds that they will do this immediately after the January 2026 General Election to follow up on the Bill, which they have already submitted to Cabinet, but has not yet attracted any feedback.

"In a space where the financing is volatile and unpredictable, we need to make sure we look at alternative health financing because we still have a big percentage of our population that is experiencing catastrophic spending – out-of-pocket spending," she says.

"So one of the areas we want to focus on in the next five years is to ensure we have predictable health financing, and one of them is to resurrect National Health Insurance Scheme discussions," she adds.

Dr Atwine also highlighted mindset issues among health workers, which have been affecting service delivery and general performance.

"We may have infrastructure, but our human resource is the greatest asset that we have. And we just need to, as leaders in the health sector, on a day-to-day basis, start realigning our thinking in a manner that brings and aligns our values with the values of the institutions to achieve the results," she says.

"One of the values of our sector is patient-centred. It is a process, and we continue to mentor and coach our staff so that they really understand what we mean when we talk about a people-centred approach, which encompasses value, quality, excellence, respect, selflessness and sacrifice," she adds.

Prof Rhoda Wanyenze, the Dean of

Ugandans most after malaria

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Makerere University School of Public Health, highlights inequalities in accessing healthcare, gaps in quality of care and inefficiencies in service delivery.

“Quality and equity are critical pieces in universal health coverage, and a resilient system must be able to deliver that. We need integrated systems and efficiency,” she says.

“To improve efficiency, we need to innovate and be able to adopt technologies and also improve overtime,” she says.

Among the efficiency issues that Prof Wanyenze highlights are inappropriate surgeries, gaps in procurement and distribution of medicines and health supplies, and inappropriate and overuse of medicines.

“When we do caesarian sections that we don’t need, you are wasting supplies, you are wasting people’s time, and you are doing many things. There is absenteeism and skills and cadre mix, and how

2024/2025 DATA (NEW)

POSITION 2024	2023/2024 NUMBERS	POSITION FOR 2025	2024/2025 NUMBERS	DECLINE (D), INCREASE (I)
1. Neonatal (newborn) conditions (all)	4208	1. Neonatal (newborn) conditions (all)	6535	NA
2. Pneumonia	3,698	2. Pneumonia	3618	D
3. Malaria	2,917	3. Malaria	2198	D
4. Premature baby	2,161	4. Injuries (all causes)	2106	I
5. Anaemia	2,020	5. Hypertension	1954	I
6. Hypertension (old cases)	1,241	6. Anaemia	1812	D
7. Septicemia	983	7. Stroke	1502	I
8. Motorcycle accidents	931	8. Diabetes	1427	I
9. TB	912	9. Septicemia	1042	I
10. Diabetes mellitus (re-attendances)	904	10. TB	840	D
11. Motor Vehicle accidents	904	11. Respiratory distress	808	I
12. Stroke/Cardiovascular Accident	849	12. Heart failure	740	I
13. Urinary Tract Infections	780	13. Peptic ulcers	667	I
14. Injuries (trauma, due to other causes)	735	14. UTI	597	D
15. Peptic ulcers	664	15. Acute Sepsis	544	NA
16. Respiratory distress	593	16. Sickle cell disease	433	NA
17. Hypertension (newly diagnosed cases)	586	17. Chronic liver disease	432	NA
18. Heart failure	578	18. Chronic kidney disease	419	D
19. Other cardiovascular diseases	498	19. Cardiac arrest	417	NA
20. Chronic kidney disease	452	20. Liver Cirrhosis	415	NA

According to Daily Monitor analysis, compared to 2024 figures, there was an increase in cases of injuries, hypertension, stroke, diabetes, septicemia, respiratory distress, heart failure and peptic ulcers. These are eight out of the top 20 causes of death for both years. We could not clearly rank some because of a change in parameters assessed, or the conditions did not make it to the top 20 causes of death in the previous years.

they are allocated to the jobs they do, are the other areas of inefficiencies,” she says.

“There are administrative costs in fragmented parallel systems, and there are also leakages –inadequate performance management systems, fraud and corruption,” she adds.

Prof Wanyenze also says many drivers of illnesses such as pollution, climate change, and tobacco smoking, are out-

side the control of the health sector and require more stakeholders to be brought on board to address.

“We need a multi-sectoral approach and a call for us to focus more on promotion and prevention. Our system cannot cope with just curative services unless we turn off the tap,” she says.

“We have been talking a lot about pollution. Some people feel that maybe we

should start wearing masks in some places in Kampala. Have you reflected on the food we eat and how it’s handled right from the garden? These days, we use herbicides, pesticides, heavy spraying, and we don’t know what we are eating. We need to think about some of these issues,” she adds.

Dr Paul Onzubo, the Maracha District Health Officer (DHO), who doubles as

the deputy national chairperson for the Association of DHOs, highlights the low funding for health service delivery in local governments, yet the majority seek care in health centres and district hospitals.

He says at least 40 percent of the health budget should be earmarked for service delivery in local governments if the ministry is serious about reducing deaths and improving access to quality care.

“Finance is the engine. Financing for health service delivery in local governments is on a negotiation basis, but we need to have a fixed allocation that should go to local governments’ service delivery,” he says.

Dr Onzubo says the five percent of the resources going to local governments is too low.

He proposes up to 40 percent should be spent in local governments since the bulk of health services are delivered at that level.

The new report says Health Centre (HC) IIIs accounted for the largest share of in-patient admissions at 32.8 percent, followed by HC IVs (24.8 percent) and General Hospitals (24.5 percent).

Although tertiary level facilities like national and regional referral hospitals contributed a smaller overall proportion (4.3 percent and 11 percent respectively), they carried the heaviest caseload, averaging 58 and 70 new admissions per day, far exceeding the 14 daily admissions at general hospitals.

Clinics and HC IIs have minimal in-patient admissions, less than 2 percent combined.