US-Uganda partnership: Building a health system that can stand on its own

Uganda has a remarkable history of responding to health crises. Between 2010 and 2012, I worked on the National Outbreaks Taskforce, tackling Ebola, anthrax, and other dangerous outbreaks. Uganda's government, working closely with NGOs and communities, successfully contained these threats, a model that later helped the country navigate Covid-19 more effectively than many nations.

This proven ability to manage complex health emergencies makes Uganda a trusted partner today, as the United States invests $2.3 billion over five years directly through Uganda's government to strengthen the health system. Of this, the US will provide $1.7 billion, while Uganda pledges to increase domestic health funding by over $500 million. As US Secretary of State Marco Rubio explained, this strategy is designed for efficiency, accountability, and long-term sustainability, reflecting growing confidence in Uganda's institutions. But this support also raises a critical question: Can Uganda turn this moment of confidence into lasting, independent health progress?

I write this as someone who has worked both in Uganda's health sector and now in the US health system. I have seen what works and what struggles. In Uganda, the government is the backbone, setting national priorities and ensuring equitable access. NGOs are agile and community-rooted, reaching people directly, but their work can be costly and sometimes fragmented. Government systems, meanwhile, can be slowed by bureaucracy and misuse.

This new approach is not about competition, but partnership. It reminds me of a wise saying: "You cannot borrow a drum every day and expect to lead the dance." Uganda cannot rely forever on outside help to carry its health system. This moment is both an opportunity and a challenge: to build strong governance, financial responsibility, and institutions that last.

> If Uganda rises to the moment with integrity, vision, and coordination, this partnership will be remembered not just for the funds invested, but for the stronger, healthier country we became because of them.

Joseph Byonanebye
Healthcare

Across Africa, countries must ask themselves: What happens if foreign priorities shift? What if funding declines? How do we build health systems that can sustain themselves while still welcoming global support?

Uganda also faces internal health system challenges that are not directly tied to global health priorities. Heart disease and cancer are rising. Treating cancer, for example, can be more expensive than treating malaria. At the same time, Uganda's health insurance system is still very small. Imagine a big basket where everyone puts in a little money so that when someone gets sick, the basket can pay for their care. But the basket must be well-looked after, no one should take money for themselves. Right now, most people have to pay doctors and hospitals with their own money, which can be very expensive. A stronger insurance "basket" would mean families don't have to worry about big bills when cancer strikes. Fixing this now will protect families and keep communities healthier.

From my experience in Uganda and in the US, several priorities are clear. Uganda must strengthen primary care, which is the most cost-effective way to keep people healthy. The country needs modern, connected health information systems so doctors can access records from anywhere, detect outbreaks early, and coordinate care. Collaboration between the government, NGOs, and faith-based providers must deepen, avoiding duplication and maximising impact. And financial discipline is key — every shilling wisely spent can save lives.

If Uganda uses this opportunity well, the nation can build a self-sustaining health system capable of facing global shifts and local challenges alike. But if mismanaged, past vulnerabilities may repeat. As elders wisely say: "No one milks a cow forever without planting grass."

The US has extended trust. Uganda now has the opportunity and responsibility, to turn that trust into lasting progress. If Uganda rises to the moment with integrity, vision, and coordination, this partnership will be remembered not just for the funds invested, but for the stronger, healthier country we became because of them.

Dr. Joseph Byonanebye,
Director at a U.S.-based healthcare system and professor of global health, Wisconsin.
jopheb2@gmail.com