LETTERS

Why seek care only when you are unwell?

Across many African contexts, healthcare is still largely sought only when illness becomes unavoidable, a pattern that is often interpreted as negligence or lack of awareness. This reflects the realities of access and resources: According to Health Policy Watch, only about 48 percent of Africans have access to basic primary healthcare services, leaving millions without convenient entry points for early care

Moreover, according to the African Mission Healthcare, sub-Saharan Africa has just ~1.3 health workers per 1,000 people, far below the WHO-recommended minimum density for routine and preventive services. Even for conditions like childhood illness, data show that up to 15 percent of caregivers do not seek formal care at all, and many of those who do typically wait until symptoms are pronounced..

Delayed care is not a behavioural problem. It is a design problem.

In many settings, healthcare systems unintentionally conditions people to treat medical care as a last resort. Limited infrastructure, overstretched facilities, and shortages of skilled health professionals make proactive care feel inaccessible and inefficient. When systems are difficult to navigate, prevention is quietly deprioritised, and treatment becomes the default entry point into care.

Cultural narratives further reinforce this behaviour. Resilience and endurance are widely celebrated, often at the expense of early health-seeking. Strength is equated with pushing through discomfort, while preventive check-ups are viewed as unnecessary unless symptoms are visible. Over time, this mindset normalises delay and discourages proactive health management.

Economic realities compound the issue. For many individuals and families, healthcare decisions are shaped by cash flow, not long-term outcomes. Preventive care, despite being more cost-effective over time, is often perceived as discretionary spending. In contrast, treatment when illness becomes severe feels unavoidable and, therefore, justifiable, even when it is significantly more expensive.

The consequences of this approach are profound. Non-communicable diseases now account for the majority of deaths across the continent, many of which could have been mitigated or managed through early detection. When care is delayed, conditions present at more advanced stages, treatment becomes more complex, costs escalate, and outcomes worsen. Beyond the clinical impact, the economic burden on families increases, productivity declines, and quality of life deteriorates. The human cost of watching preventable conditions overwhelm individuals and families is immeasurable. Addressing this challenge requires a fundamental shift in how healthcare is structured and experienced. The solution is not to blame individuals for rational choices made within constrained systems. The real work lies in redesigning healthcare so that prevention is accessible, affordable, and culturally normalised.

This is where leadership in healthcare comes in. In practice, this approach is reflected in how care is delivered. Free blood pressure checks should be available at all facilities, enabling early identification of hypertension even among patients who present for unrelated reasons. Beyond routine facility visits, there should be corporate health visits, mini health camps, and community outreach programmes to proactively engage individuals who would otherwise delay seeking care. These interventions integrate screening with health education, creating earlier entry points into the health system.

Sustainable prevention, however, cannot be achieved by healthcare providers alone. Collaboration with governments, NGOs, employers, and financial institutions is critical to addressing the structural and financial barriers that discourage early care-seeking. Through mobile clinics and health financing solutions such as prepayment and health savings models, access to preventive care is extended while reducing the immediate financial burden on families.

The future of healthcare in Africa, and particularly in Uganda, depends on moving prevention from the margins to the mainstream. This shift will not happen through awareness alone. It will happen when healthcare systems are intentionally designed to meet people where they are, economically, culturally, and geographically and importantly, when leaders commit to prevention as a strategic priority rather than a secondary consideration. Normalising care before illness is not merely a health aspiration. It is an economic, social, and moral imperative, and we need to address the structural drivers of delayed care and redesign systems around early intervention.