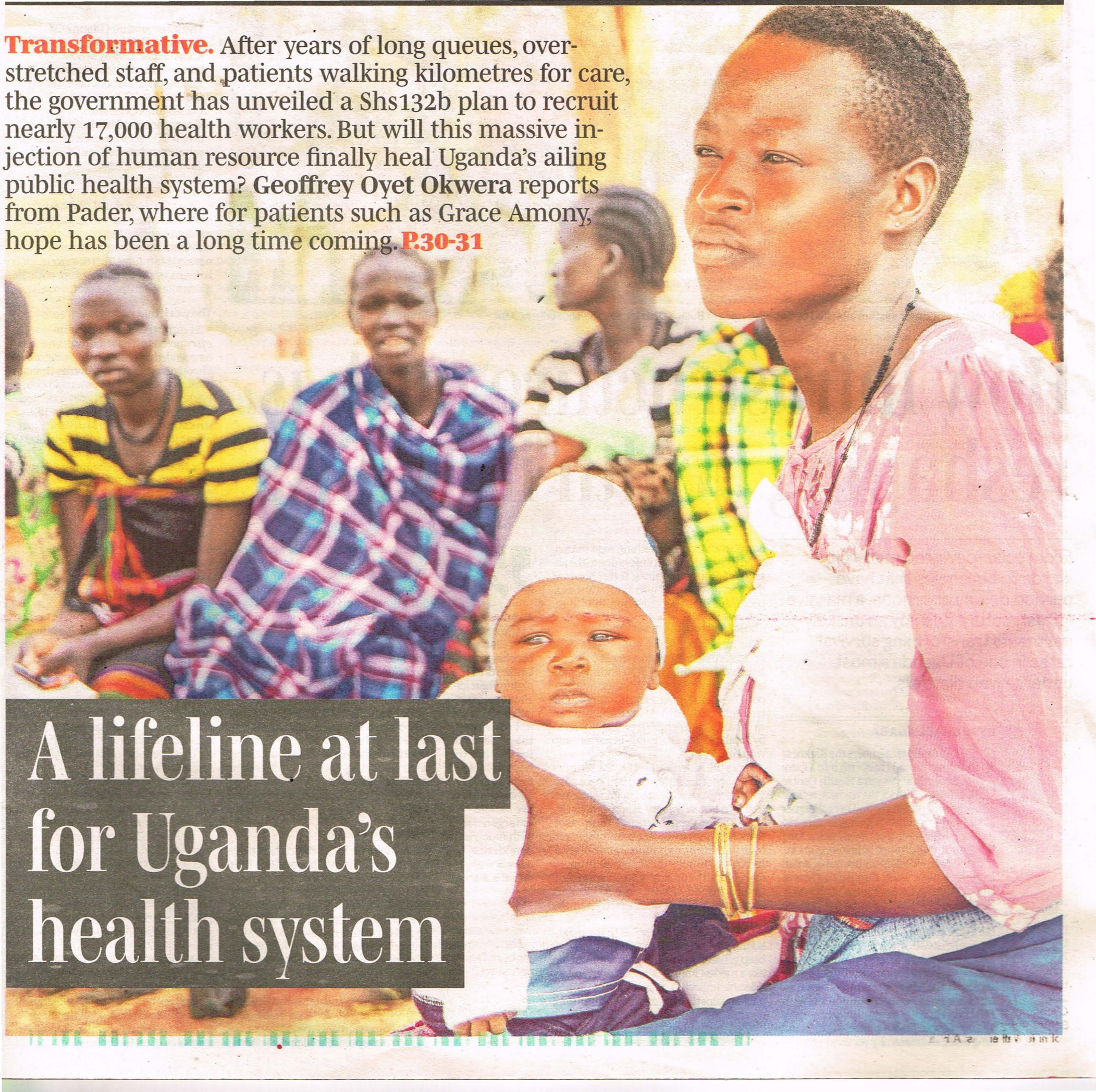


Transformative. After years of long queues, over-stretched staff, and patients walking kilometres for care, the government has unveiled a Shs132b plan to recruit nearly 17,000 health workers. But will this massive injection of human resource finally heal Uganda's ailing public health system? **Geoffrey Oyet Okwera** reports from Pader, where for patients such as Grace Amony, hope has been a long time coming. **P.30-31**



A lifeline at last
for Uganda's
health system



Residents fetch water at a water system installed by TotalEnergies in Buliisa District. PHOTO/MICHAEL AGABA

How infrastructure push is reshaping health in Buliisa

From solar-powered maternity wards to boreholes that have curbed deadly diarrhoea, a massive infrastructure push by an unlikely partner is transforming survival rates in one of Uganda's most underserved districts.

BY MICHAEL AGABA

Sarah Atim still remembers the darkness that often turned childbirth into a gamble. Recently, at Avogera Health Centre III in Buliisa District, the midwife reflected on the years when she and her colleagues would gather around flickering lanterns to deliver babies, their torchlight casting long shadows on walls stained by kerosene smoke. "In the past, we relied on torches or small lanterns at night when assisting mothers in labour," Atim says, standing in a ward now illuminated by electric lights. "It was not safe for the patients or for us. Now we have reliable lighting and running water. We handle emergencies with much more confidence."

Atim is describing a significant transformation occurring in the remote district on the shores of Lake Albert. For decades, Buliisa District has exemplified the health disparities in rural Uganda, with one doctor serving every 130,000 people, health centres lacking running water, and maternity wards where new-

borns who stopped breathing were resuscitated using a midwife's fingers due to the absence of proper machines. Today, however, this narrative is being rewritten by an unexpected author: an oil company.

The infrastructure of survival

The transformation at Avogera is evident in details that most visitors might overlook: taps that run, toilets that flush, and solar panels that store daylight for nighttime emergencies. These are the everyday miracles of modern healthcare, and they have come to this area through the Tilenga oil project, operated by TotalEnergies EP Uganda in partnership with World Vision.

Across the Albertine Graben, the statistics tell a story of significant impact. Since 2010, TotalEnergies has invested in infrastructure that affects nearly every aspect of daily life. This includes the construction of 235 resettlement houses to replace homes displaced by development, the rehabilitation of classrooms at Kisomere and Kirama primary schools, and the drilling of boreholes in communities where women once had to walk 90 minutes to obtain water that could make their children sick.

At Anaka General Hospital in the neighbouring Nwoya District, 12 staff houses have been rehabilitated. Though this may seem like a modest intervention, it has had a considerable impact. A clinical officer at the hospital explains that when health workers have decent housing, they are more likely to stay.

When they remain, patients receive consistent care for fevers, vaccinations, and other



Better service. In the past, we relied on torches or small lanterns at night when assisting mothers in labour. It was not safe for the patients or for us. Now we have reliable lighting and running water. We handle emergencies with much more confidence," says Sarah Atim, a nurse.

emergencies that rarely make headlines.

The solar dividend

Between December 2023 and January 2024, more than 4,000 solar lamps were distributed to homes, schools, and clinics in Buliisa and Nwoya. These lamps replaced kerosene, which is costly, polluting, and hazardous. Children who once studied by the dim, smoky light of kerosene now read comfortably without the coughs that used to disturb their sleep.

One mother is thrilled that her son can now study until 9pm, with his eyes protected and his grades improving. The health benefits are significant, including fewer respiratory infections and reduced eye strain. Additionally, the availability of light extends the hours available for learning.

Water as medicine

In Ngwedo, the installation of new pipes and the rehabilitation of boreholes have turned diarrhoea from a common issue into a rarity. The Kirama water project, scheduled for completion in 2026, aims to extend these improvements to Wanseko and Kigwera. Access to clean water will help reduce dehydration in children and strengthen families against cholera outbreaks.

Philippe Groueix, the general manager of TotalEnergies, emphasises that these investments are part of a larger vision. "Economic empowerment is central to our approach to responsible oil and gas devel-

BY THE NUMBERS

The Challenge (Before the Investment)

- Doctor-to-patient ratio: 1:130,000 (compared to the WHO recommendation of 1:1,000).
- Water access: Women often walked up to 90 minutes to fetch water from unsafe sources.
- Maternal care: Deliveries were performed by torchlight or kerosene lanterns; no reliable power for medical equipment.
- Infrastructure: Health centres lacked running water and proper sanitation.

The Intervention (Tilenga Oil Project & Partners)

- Clean water: Drilling of new boreholes and rehabilitation of existing ones; the Kirama water project (due 2026) will serve Wanseko and Kigwera.
- Energy access: Distribution of over 4,000 solar lamps to homes, schools, and clinics (Dec 2023 - Jan 2024).

opment," Groueix stated. "By making targeted investments in vocational training, modern housing, healthcare, and livelihoods, we are helping communities build sustainable futures. This transformation is driven by strong partnerships with the government and the people themselves."

The work that remains

Yet infrastructure alone cannot solve every problem. The same assessment recommended continued monitoring of livelihood restoration programmes through 2026, particularly for vulnerable households, and strengthened grievance mechanisms. At Butiaba Health Centre III, construction only began in March 2026 to replace a facility submerged by Lake Albert's rising waters in 2020.

Dr Nelson Naisye, the Buliisa District Health Officer, notes that the new Butiaba facility, built by the UPDF Engineering brigade, will include maternity wards, male and female wards, and staff quarters, the full complement of infrastructure that makes healthcare possible. For residents such as Joyce Atimango, it means an end to 30-kilometre treks for antenatal services.

The long view

At Kisomere Primary School, head teacher Tommy Okello reflects on the changes that have taken place. "When it rained, lessons would stop, and we often had to send students home early," he explains. "Many teachers lived far away because we did not have proper staff housing. During the rainy season, some teachers would arrive late, and others sought transfers to better-equipped schools. It was challenging to maintain continuity."

Now, with 11 rehabilitated classrooms, six new ones, and eight staff houses, the school can operate even during storms, and teachers arrive on time. Lessons now include topics such as handwashing and nutrition, in addition to mathematics.

Jeremiah Nyagah, the national director of World Vision Uganda, emphasises that these changes go beyond just improving buildings. "They stabilise institutions by retaining staff, strengthening governance, and enhancing accountability at the community level," he says.

In Buliisa, where oil extraction will begin next year, the crucial question is whether these improvements will last beyond the drilling. For now, the positive impact is evident at Avogera Health Centre, where Sarah Atim assists mothers in labour under lights that never flicker.



Women wait in line for health services at a camp in Pader organised by civil society organisations in Uganda. PHOTO/ GEOFFREY OYET OKWERA



Patients at Kotido General Hospital wait to receive medical attention. PHOTO/HERBERT KAMOGA

A CALL FOR INVESTMENT AND ETHICAL PRACTICE

At the 78th World Health Assembly in May 2025, member states adopted a landmark resolution titled «Accelerating Action on the Global Health and Care Workforce by 2030.» This resolution directly addresses the challenges highlighted in Uganda:

- It calls for substantial increases in the number of qualified health workers through improved education, training, and employment capacity.
- It emphasises the need for decent work conditions, safety, and protection for all health workers from burnout and unsafe environments, responding directly to the overwhelming realities faced by Ugandan nurses.
- It urges international cooperation and investment to strengthen health systems, particularly in low- and middle-income countries experiencing the most severe shortages.

The WHO's guidance makes it clear that Uganda's plan to recruit nearly 17,000 health workers is a vital step. However, this should be part of a sustained strategy. To meet the benchmark of 4.45 per 1,000 and ensure that patients like Grace Amony receive timely care, continuous investment in training, retention, and ethical international cooperation is essential.

cover salaries for approximately two years, with Uganda assuming full responsibility over five years.

At Fort Portal Regional Referral Hospital, administrators say the funding will allow for the recruitment of specialists in areas such as paediatrics, surgery, and psychiatry. Dr Archbald Newton Sebahire, a general physician at the hospital, says the increase in staff would reduce the need for patients to travel to Kampala for specialised care.

More workers still needed

While the government has taken a step to address the shortage of health workers by approving funds for recruitment, health experts say the intervention alone will not fully resolve the crisis facing Uganda's healthcare system.

Jackson Nkeramihigo, a health expert

in Kampala and a member of a civil society organisation, says that although the decision to recruit more personnel is commendable, the country still faces a significant shortage of medical professionals across many public health facilities.

According to Nkeramihigo, Uganda must treat investment in healthcare as a national development priority because a healthy population directly contributes to economic productivity and growth.

“When people are healthy, they can work, innovate and contribute to the country's Gross Domestic Product,” he explains.

He further notes that recent funding disruptions affecting some donor-supported programmes have worsened staffing gaps in certain health services. Many health workers



A health worker attends to patients who came to a health camp organised by a civil society organisation in Pader District. PHOTO/GEOFFREY OKWERA

who were previously supported under such initiatives have either lost their positions or face uncertain futures, a situation the new absorption plan seeks to mitigate.

Nkeramihigo, therefore, urges the government to move beyond one-off recruitment drives and instead establish a sustainable system that allows for continuous recruitment and retention of health workers.

“It is time the government devises mechanisms for continuous recruitment of health workers starting from this phase,” he says. Such measures, he argues, would not only strengthen Uganda's fragile health system but also reduce the burden on the few overworked medical personnel currently serving in public facilities.

The spokesperson for the Ministry of Health, Emmanuel Ainebyoona, says the recruitment of health workers falls under the mandate of the Health Service Commission, noting that the commission is better placed to provide details on the exercise. He subsequently referred this reporter to the commission for further information.

An official from the Health Service Commission, who spoke on condition of anonymity because they were not authorised to speak publicly, said the list of successful applicants will be submitted to the Permanent Secretary at the Ministry of Health, Dr Diana Atwine, for final vetting and approval. The official added that the recruitment exercise is intended to narrow the wide human resource gap that has long strained service delivery across public health facilities in the country.

Dr Bernard Bagaya, the deputy registrar at the Allied Health Professionals Council, has welcomed the government's deliberate move to allocate funds for the recruitment of more health workers. Bagaya says the initiative offers an opportunity for professionals registered under the council, from about 42 categories of health workers, to be absorbed into the mainstream public health service.

He recalls that during the Covid-19 pandemic, many skilled health professionals stepped forward to support the country's response, with some eventually joining the public health workforce. He adds that the current recruitment drive presents another opportunity for more qualified personnel to transition into the public health system and help address the persistent staffing shortages in health facilities across the country.

“We have to plan for all these professionals in the health sector and consider how they can be absorbed into the public health service. I am happy that the government has responded to what we have been preparing for over the last several years,” says Dr Bagaya.

He says that although the number of health workers to be recruited may still fall short of the sector's needs, it is encouraging that the recruitment process has finally begun.

“Our wish is for the Ministry of Finance to accept submission for the gradual increase of the workforce in the health sector. This will eventually bridge the number of health workers and improve public health,” Dr Bagaya says, adding that this can begin by specialty-specific recruitment where priority is given to health personnel such as stenographers and those trained in diagnostic imaging in this era of evidence-based medicine.

Frontline realities'

At a busy health centre in central Uganda, a senior nursing officer who spoke to this reporter on condition of anonymity describes the daily reality for

those on the ground.

“When you are the only nurse on duty and you have more than 100 patients waiting, you have to make impossible choices. Do you attend to the mother in labour, or the child with severe malaria? We are stretched beyond limit, and it affects the quality of care we can provide,” she says.

Her experience is not unique. Across the country, health workers operate under immense pressure, often leading to burnout and, in many cases, migration to other countries or the private sector where conditions are better. The Uganda Medical Association has consistently raised concerns about the working conditions that drive health workers abroad.

The housing hurdle

Even as the government moves to recruit thousands of new health workers, a critical question remains: where will they live? In many rural areas, the lack of staff accommodation is as severe a crisis as the staff shortage itself.

In Budaka District, for example, the staffing level currently stands at just 26 percent under the new structure, but the housing situation is dire. Some health centres have as few as one or two housing units. Several sub-counties, including Tademeri, Kamonkoli, and Kakoli, have no staff accommodation at all.

“The severe shortage of staff accommodation continues to undermine service delivery and morale among health workers,” says Emmanuel Pajje, Budaka District chairman.

The consequences are far-reaching. Health facilities struggle to operate 24-hour services, leaving patients unattended during nights and weekends. This has led to delays in maternal care, increased patient referrals, and preventable deaths.

At the parliamentary level, the issue has been raised repeatedly. During a meeting with officials from regional referral hospitals, Michael Odur, the Principal Hospital Administrator of Fort Portal Regional Referral Hospital, noted that less than 17 percent of staff are accommodated, affecting timely service delivery. He requested Shs4b to construct a sixteen-unit staff house.

Florence Nebanda, the Butaleja Woman MP, observes a troubling trend: several regional referral hospitals have procured key equipment to support major medical procedures, yet they have few or no specialists to operate the equipment. She also notes that Uganda is losing medical specialists because they are not well motivated, with many ending up in Kenyan hospitals where they are better appreciated.

A national crisis with local faces

Back in Pader, Grace Amony's wait continues. For her, the government announcement is a distant echo of hope, but whether that hope translates into a nurse at her bedside when she next needs one remains to be seen. The government has taken a significant step.

The funds are approved, validation exercises are underway at 16 regional referral hospitals, and the first phase targeting 3,600 staff is already in motion.

But as health experts, civil society and frontline workers point out, recruitment is only the first step in a much longer journey to rebuild Uganda's health system.

Until then, facilities such as Okinga Health Centre III will continue to struggle, and patients like Grace Amony will keep waiting, hoping that the next visit will bring a nurse when they need one.