

# Uganda needs a healthy workforce to drive growth ambitions



**REGEAN MUGUME**

**W**orkers' wellbeing in Uganda has become an important issue for debate as the country faces a growing 'double burden' of diseases. On one hand, data shows that malaria, HIV/AIDS, and tuberculosis remain the leading causes of illness and death, accounting for more than 50 percent of total morbidity and mortality. On the other, on-communicable Diseases (NCDs) such as cardiovascular diseases, cancers, diabetes, and chronic respiratory conditions are on the rise and now account for approximately 35 percent of the total disease burden.

The result is a persistent health burden that affects people not just occasionally, but repeatedly over time, with direct consequences for their ability to work and earn a living.

An analysis based on the 2023/24 Uganda National Household Survey shows that more than one in five workers (about 21 percent) report falling ill in a typical month. Over the course of a year, this finding suggests that most workers are likely to experience at least one episode of illness. Among those who fall sick, about 46 percent are unable to go to work. Women are disproportionately affected, reflecting both their participation in informality and their greater caregiving responsibilities at home.

The impact of illness goes beyond simply missing work and extends to indirect productivity losses. Many Ugandans continue working even when they are sick, especially those in the informal sector, which accounts for about 89.2 percent of total employment. In this sector, workers are not entitled to sick leave or any form

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of health insurance coverage. Most are engaged in agriculture, small businesses, and construction work, where labour is physically demanding and even a short period of illness can significantly reduce productivity and earnings.

This situation, known as presenteeism, occurs when workers physically report to work but are not fully productive due to poor health. While less visible than absenteeism, it is often more detrimental because it implies that a large share of the workforce operates below full capacity even when they remain on the job. Evidence from developing countries suggests that productivity losses from presenteeism can range between 30-50 percent, particularly in contexts where workers lack access to paid sick leave, adequate healthcare, or job protection. At the household level, illness imposes severe economic strain. Sick workers face lost income alongside rising healthcare costs, with out-of-pocket spending accounting for about 30 percent of total health expenditure. Families often cope by depleting savings, selling assets, or borrowing, increasing their risk of poverty.

Caregiving demands to the sick further reduces time for work and schooling, especially for women and girls. The burden is greater among informal workers, who lack health insurance and social protection, forcing them into difficult choices: continue working while sick or stop working and lose income entirely.

The burden of illness is substantial. Poor health reduces labour productivity, increases pressure on public health systems, and ultimately slows economic growth and development.

A recent study by the Economic

Policy Research Centre (EPRC) shows that Ugandans suffering from non-communicable diseases (NCDs) experience, on average, a 30 percent reduction in monthly earnings, while individuals affected by infectious diseases face an average income decline of 23 percent. Similarly, sickly individuals are more likely to be unemployed or underemployed in informal employment. The effect is worse for chronic illnesses such as cancer, diabetes, and hypertension.

A related study by EPRC estimates the annual costs from only infectious diseases at Shs 5.8tn in form of loss in productivity, deaths, and health expenditure – equivalent to 2.9 percent of Uganda's GDP.

Addressing these challenges requires considering health as both a social issue and economic issue. First, improving access to affordable and quality healthcare is essential. In Uganda's case, the roll-out of a national health insurance scheme would help reduce out-of-pocket spending and protect households from financial shocks associated with illness. Second, strengthening workplace protections such as sick leave policies, occupational health and safety standards, and flexible work arrangements would help reduce productivity losses.

For informal workers, innovative approaches such as community-based health insurance schemes are needed to provide some level of protection to workers. Third, prevention should be prioritised through vaccination, early diagnosis, nutrition, and health education.

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