Debt and the Right to Health in Uganda

How rising debt servicing is crowding out health spending, weakening service delivery, and undermining the right to health.

1. Executive Summary / Key Messages

Uganda's rising public debt is placing increasing pressure on fiscal space, with significant implications for health financing. While health sector allocations have grown in nominal terms, these increases have not translated into sustained improvements in real per-capita spending. At the same time, rapidly rising debt service obligations are crowding out resources for essential health services, posing a risk to the progressive realization of the right to health.

Key messages:

- Health allocations have increased in nominal terms, but real per-capita spending has declined in recent years.
- Debt servicing has more than doubled and now significantly outweighs health spending.
- Urgent policy action is needed to increase health financing and ensure equitable access to quality services.

2. Problem Snapshot

Uganda's debt has accelerated in the recent past. Growing debt service obligations consume a significant share of domestic resources. In FY2025/26, for instance, UGX 26.4 trillion (USD 7.12 billion) was allocated to debt servicing, absorbing far more fiscal space than the health sub-program, which received UGX 4.51 trillion (USD 1.21 billion).

Debt servicing in FY2025/26
UGX 26.4 trillion

Allocation to Health sector
UGX 4.51 trillion

Despite a slight nominal increase from 5.6% of the total national budget in FY 2024/25 to 6.1% for the 2025/26 fiscal year, health sector funding remains critically low. This allocation is less than half of the 15% Abuja Declaration target, leaving per capita health spending stagnant and health insurance coverage at a negligible 1.1%.

The funding landscape reveals a heavy reliance on external support, with development partners contributing 45.4% of total health expenditure—nearly double the government's 25.6% contribution. This funding gap forces households to bridge the deficit. With out-of-pocket expenditures for health now at 27.4%1, many families remain highly vulnerable to catastrophic financial loss due to healthcare needs.

These deficiencies undermine efficient service delivery.

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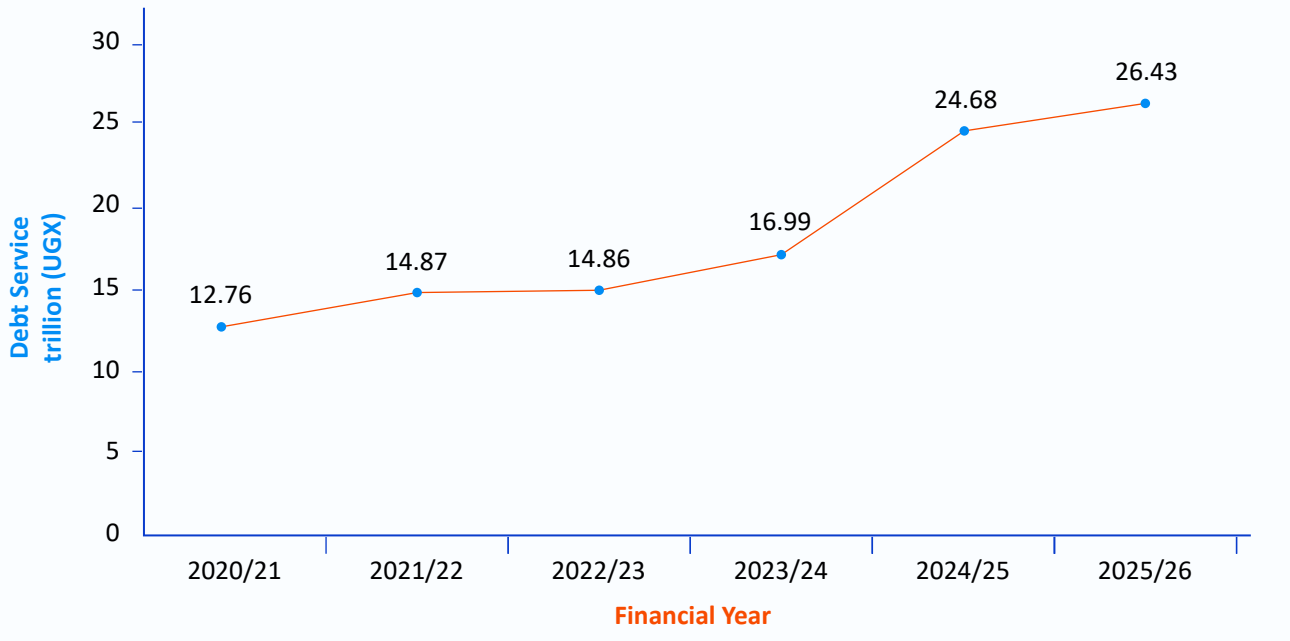
[1] Ministry of Health (MoH), "Annual Health Sub Programme Performance Report FY 2024/25," Republic of Uganda, October 2025, p.35.

3. The Evidence: Debt and the Health Crisis

3.1 The Fiscal Divergence

In FY2025/26, debt service (UGX 26.44 trillion [USD 7.12 billion]) was almost 5.9 times larger than the nominal allocation to the health subgroup (UGX 4.51 trillion [USD 1.21 billion]), illustrating how debt obligations increasingly crowd out fiscal space for essential health investments.

Financial Year	Health Nominal (UGX)	Health Nominal (USD)	Health Real (UGX)	Real Per Capita (Ugx)	Real Per Capita (USD)
2020/21	2,788,911,431,032	750,583,054	2,463,721,320,540	59,225	15.94
2021/22	3,355,901,798,216	902,911,987	2,850,671,889,995	66,624	17.93
2022/23	3,750,896,020,404	1,009,209,836	3,110,979,150,887	70,688	19.02
2023/24	4,860,030,556,618	1,307,851,413	3,845,849,009,445	84,958	22.86
2024/25	4,688,802,791,222	1,261,748,740	3,494,166,288,379	75,045	20.20
2025/26	4,506,516,392,243	1,212,544,286	3,255,674,671,084	67,980	18.29



Financial Year	Debt Service (UGX)	Debt Service (USD)
2020/21	12,764,632,641,368	3,434,613,562
2021/22	14,871,743,682,376	4,003,322,909
2022/23	14,864,514,417,471	4,001,377,706
2023/24	16,990,643,705,185	4,572,977,864
2024/25	24,686,836,065,704	6,643,862,739
2025/26	26,439,114,825,319	7,116,368,262

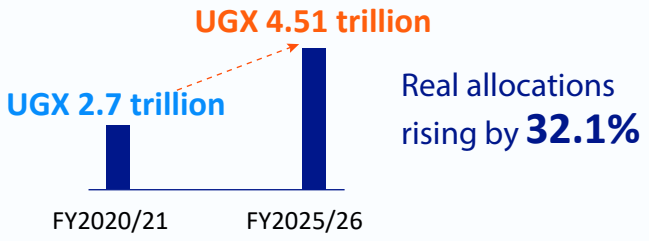
3.2 Budget Trends and Regressivity Test

Uganda's health sector allocation increased significantly in nominal terms, rising from UGX 2.79 trillion (USD 750.6 million) in FY2020/21 to UGX 4.51 trillion (USD 1.21 billion) in FY2025/26. However, once adjusted for inflation, the increase is considerably smaller, with real allocations rising by about 32.1%.

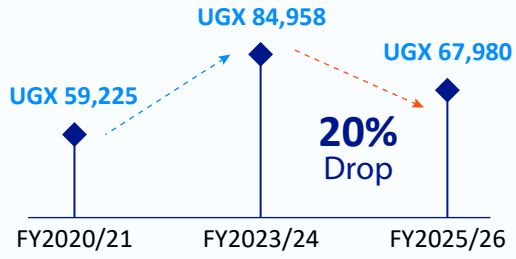
Real per-capita health spending increased from UGX 59,225 (USD 15.94) in FY2020/21 to a peak of UGX 84,958 (USD 22.86) in FY2023/24 before declining to UGX 67,980 (USD 18.29) by FY2025/26 — a drop of nearly 20% over the last two years. Moreover, this is well below the World Health Organization recommendation of USD 86[2].

This indicates that recent increases are not keeping pace with population growth and inflation. In human-rights terms, this signals a risk of retrogression, as declining real per-capita spending weakens the state's ability to progressively realize the right to health.

At the same time, debt service more than doubled from UGX 12.76 trillion (USD 3.43 billion) to UGX 26.44 trillion (USD 7.12 billion), reinforcing the fiscal squeeze.



Health Sector allocation (Nominal)



Real per-capita health spending

[2] UNICEF Uganda, "2025/2026 Health Sector Budget Brief," Budget Brief, 2025, p.2.

3.3 Service Delivery Gaps

The decline in real per-capita health spending has direct consequences for service delivery. Facilities face persistent, protracted procurement and distribution of essential medicines and health supplies, unfunctional diagnostic equipment, and staffing gaps, especially in rural areas. These deficiencies compromise effective service delivery. The impact of this on women, moreover, is high, as the maternal mortality ratio stands at 189/100,000 live births, while the infant mortality rate stood at 36/1,000 live births in 2022[3].

The financing need for essential medicines and health supplies increased by 14% to USD 1.06 billion, but only 51.9% of this need is funded. Development partners cover 64.3%, while the government of Uganda contributed 35.7%. This situation makes the supply chain highly vulnerable to donor shocks.

Uganda's health workforce stands at only 44.9% of required levels, with 154,016 workers available against a need of 342,832[4]. Specialist shortages further constrain service delivery.

Women and girls are disproportionately affected, particularly in maternal and reproductive health. Underfunding increases reliance on private care and shifts the burden of care onto households.

Case study box

There is a dearth of qualified healthcare professionals. In 2019, the health worker to population ratio was 1.87 per 1000 people, much lower than the WHO recommendation of 2.5 per 1000 people. Uganda has one of the lowest doctor-to-patient ratios in the world, with only one doctor available for every 25,000 people .[5] This ratio is below the World Health Organization (WHO) recommendation of 1 doctor per 1,000 people. A state prioritizing debt payment will be unable to prioritize service delivery through the provision of necessary supplies, medicines, and adequate staffing. As a result, Uganda household surveys reveal that long queues, inadequate supplies, and medicine are the issues faced at public health care centres. The failures result in opportunities[6] for private service providers despite their well-documented impacts[7]. As a result, private services are a strong alternative to public health care in Uganda. This trend shows that, to a great extent, the public health system has failed and that the people of Uganda are subsidising the state by using private healthcare services.

[3] Ministry of Health (MoH), "Annual Health Sub Programme Performance Report FY 2024/25," Republic of Uganda, October 2025, p.27.
[4] Ministry of Health (MoH) and World Health Organization (WHO), "Analysis of the Health Labour Market of Uganda," Technical Report, November 2022, p.56.
[5] Jonathan Zhang, "Beyond Borders: A Glimpse into Uganda's Healthcare Challenges and Solutions," *Brown University Public Health Journal*, March 29, 2024.
[6] Initiative for Social and Economic Rights (ISER), "A False Promise: The Lubowa International Specialized Public-Private Partnership (PPP) Hospital Will Not Deliver Universal Health in Uganda," Policy Brief, May 2024..
[7] Initiative for Social and Economic Rights (ISER), "The Human Rights Impact of Commercialisation of Public Services in East Africa," Research Report, May 2024.

Overall accessibility of health facilities is considerably high, over 84% in the last three household surveys. UBOS statistics show that the majority of patients, 45%, access medical care from private hospitals/clinics compared to government health facilities (34%). The proportion of the population seeking healthcare from government health facilities has remained the same over the three recent surveys, at three in every ten sick persons. Private hospitals and clinics are the most proximate health care services available in both rural and urban areas. Apart from mild illness, lack of affordability is the main reason for not seeking medical attention in 2019/20. The biggest problem with healthcare in public facilities is that medicines and supplies are unavailable. The private sector problem is the expensive and unaffordable cost of healthcare. Costly medical treatment limits overall access to healthcare as it ends up being on an absolute-need basis.

Healthcare is important to the well-being of a nation and the care economy. Healthcare is important in ensuring a healthy labor force. Therefore, the state must invest in public healthcare infrastructure and access to medicines and supplies.

4. The Lens: Human Rights and Gender Analysis

The observed trends raise serious human rights concerns. Uganda has an obligation to progressively realize the right to health using the maximum of available resources. Declines in real per-capita spending may constitute retrogressive measures.

These impacts are gendered. Women and girls are more likely to delay care due to cost, spend longer seeking services, and absorb unpaid care burdens when the public system is underfunded. Weak health systems also reduce access to preventive and reproductive health services.

Reduced health funding has disproportionately affected women and girls, whose sexual, reproductive, and maternal health needs require consistent, accessible, and well-funded services.

Area of Impact	Consequences for Women and Girls
Maternal Health	Funding and logistical barriers limit access to emergency obstetric care. Transport delays alone accounted for 37% of maternal deaths.
Reproductive and Adolescent Health	During COVID-19, 27% of youth could not access contraceptives due to lack of transport and long distances to facilities.
Social Vulnerabilities	High rates of child marriage (43%) and teenage pregnancy (25%) are worsened by underfunded reproductive health systems.

Persistent Maternal Mortality and Service Gaps: Despite numerous policy reforms—14 separate maternal health instruments over 15 years—Uganda's progress has been slow and uneven. Maternal mortality fell from 524 to 368 deaths per 100,000 live births during the MDG period but stagnated due to poor policy coherence and financing gaps. Although a 2024 government report shows further improvement to 189 deaths per 100,000, most deaths remain preventable, pointing to systemic neglect rather than inevitability.

Structural Barriers and Rights Violations: ISER's research highlights multiple human rights concerns underpinning these outcomes. Young women face stigma and mistreatment at facilities, limited privacy, and unaffordable services, with 41% of total health spending paid out-of-pocket. These inequities illustrate how debt-related austerity compounds existing barriers, eroding dignity and access to essential care.

5. Policy Recommendations

1. The Ministry of Finance should;

- Protect and ring-fence health sector allocations: The health budget must be shielded from the fiscal pressure of rising debt service.
- Strengthen debt management and pursue restructuring: Uganda must actively pursue debt restructuring options to reduce the fiscal burden of debt service and free up resources for social sector investment.

2. The Ministry of Health should;

- Fast-track the passing of the National Health Insurance scheme Bill.
- Increase investment in primary healthcare and workforce expansion.
- Expand pooled financing and reduce out-of-pocket spending.

6. Conclusion

Uganda's increasing health allocations are being undermined by rising debt service obligations and declining real per-capita spending. Without corrective policy action, the country risks reversing progress toward the realization of the right to health.

Methodological Note:

- *Nominal sector allocations have been computed based on data from the respective years' approved budget estimates.*
- *Nominal allocations to health have been deflated with their sector CPI indices sourced from UBOS (base year 2016/2017).*
- *Per capita allocations have been calculated using census figures from the latest 2024 National Housing and Population Census.*
- *All conversions use a fixed rate of 1 USD = USh3,715.66 (March 2026).*

This is a joint publication of the Initiative for Social and Economic Rights (ISER) and the Center for Economic and Social Rights (CESR)

Initiative for Social and Economic Rights (ISER)

ISER is a Ugandan not-for-profit human rights organization founded in 2012 and based in Kampala. It works to promote the effective understanding, monitoring, implementation, and realization of economic and social rights in Uganda and beyond.

Center for Economic and Social Rights (CESR)

CESR is an international non-governmental organization and registered nonprofit based in New York, United States. It advances economic and social rights and works for more just and equitable social and economic systems.

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