

Embrace prevention to unburden medical care

Mulling over the nooks and crannies of the latest (Financial Year or FY 2024/2025) half sector performance report reveals a familiar, if no less devastating, year-on-year spike in deaths attributable to a broad range of non-communicable diseases (NCDs). The dataset, for instance, shows that hypertension deaths increased from 1,241 to 1,954. Diabetes was responsible for 1,427 deaths, up from 994. Stroke deaths also increased from 849 to 1,502. Ditto to respiratory diseases that claimed 808 lives, up from 593. With only 71 percent of facilities reporting fully to Health ministry systems in the country, the likelihood of the deaths being significantly higher cannot be dismissed out of hand.

This, perhaps, explains why health officials in the country have burrowed deeply into the figures, tending to them with an unbending conviction that there is ever more work to be done. And indeed there is. It would be a catastrophic miscalculation to disregard the NCD alarms that have grown more urgent of late. Issues around pol-

lution, including pesticide use, keep being glossed over despite leaving many Ugandans in hospital beds mortally ill. Inaction has, for one, seen synthetic chemicals lodge themselves in Uganda's food system, creating a health burden while also damaging our ecosystem.

Empirical evidence shows that the antibiotic and anti-fungal pesticides that underpin industrial agriculture have contributed significantly to rising cancer and infertility cases. It is unwise to pay little heed to such a compelling body of evidence. Yet this always seems to be the case in Uganda. With more than 350,000 synthetic chemicals currently on the global market, there is the promise of better days if responsible authorities stop moving at a troublingly sedate pace. The chemical pollution known to damage the liver, increase serum cholesterol, increase obesity, increase diabetes as well as increase rates of heart disease and stroke has to be monitored. Robustly.

We also need more studies into the air, soil and water contamination that is rife in the country. Research shows that the trail of devastation left behind by such contaminations tends to open up deep and damaging fissures. Sadly, many Ugandans keep falling through the cracks. Think intellectual impairment, obesity, birth defects and, of course, cancers.

The air pollution in Kampala, Uganda's capital, has been empirically proven to exceed the World Health Organisation (WHO) limit for particulate matter by up to, wait for it, a dozen times. Little wonder, it is estimated to account for 19 percent of adult deaths from non-external causes. Yet we still choose to cast our lots with inaction.

When 218 micrograms per cubic metre ($\mu\text{g}/\text{m}^3$) of lung penetrating pollutants are registered in Kawempe Industrial Zone, as was recently the case, we simply cannot choose inaction. Why? Because the pollutants scientifically known as PM2.5 lead to wide-ranging health issues, including triggering those neonatal conditions that the latest health-care report indicates claimed 6,535 lives in FY 2024/2025.

As Prof Rhoda Wanyenze, the Dean of Makerere University School of Public Health, has suggested, a multi-sectoral approach will suffice. Being intentional about unburdening our curative services, therefore, will be a thorny but critical task going forward. This time around let responsible authorities get the basics right with unerring accuracy.

The issue:

Health

Our view:

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