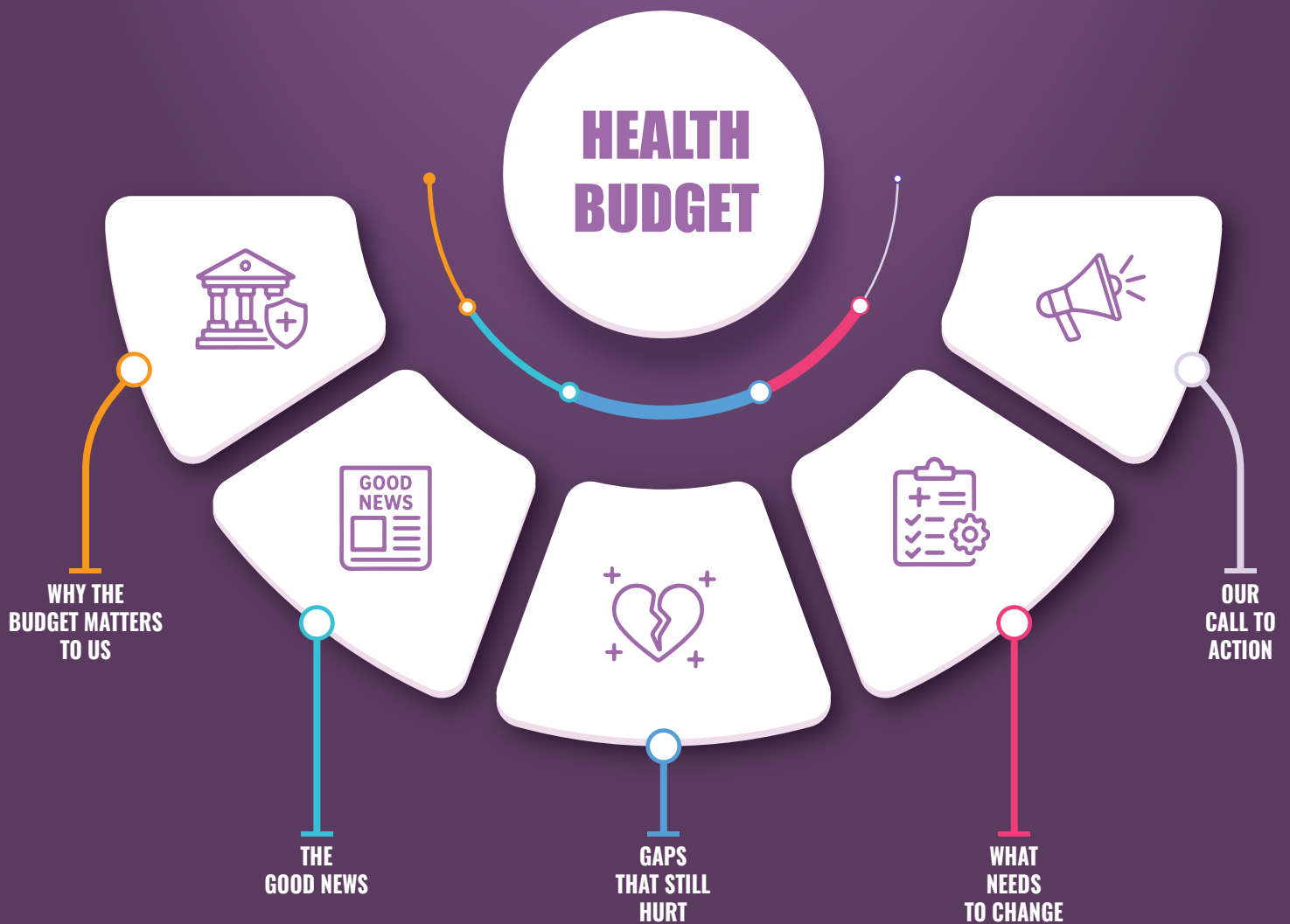


COMMENTARY ON UGANDA'S FINANCIAL YEAR 2025/26



WHY THIS BUDGET MATTERS TO US?

The Government of Uganda presented the FY2025/26 national budget under the theme “Full Monetization of the Ugandan Economy through Commercial Agriculture, Industrialization, Expanding and Broadening Services, Digital Transformation and Market Access.”

While this theme may sound far removed from daily youth concerns, it shouldn't. Economic growth cannot happen without healthy people, and young people are the majority of Uganda's population. With more than 70 percent of Ugandans under the age of 30, we form the heart of Uganda's labor force, creativity, and future. If the health system fails us, the entire development vision fails.

THE GOOD NEWS

The government has increased the health sector allocation from UGX 2.95 trillion last year to UGX 5.87 trillion this year. That's progress. Some of that money is set to go toward revamping Health Centre IVs, scaling up community health outreach, digitizing records in referral hospitals, and expanding services like nutrition and reproductive health. The plan also includes strengthening emergency care through more ambulances and better referral systems.

These are steps in the right direction. They show that government is beginning to link health more closely with national development goals. But for young people, especially those in underserved communities, the question is simple. Will these services be delivered properly? Will they reach where they are needed most?

THE GAPS THAT STILL HURT

Despite the increased funding, Uganda's health system remains under pressure. The allocation still only makes up 8 percent of the total budget, far below the 15 percent target set by the Abuja Declaration. Even worse, 78 percent of the health development budget relies on foreign aid. That's a shaky foundation for a country trying to build long-term resilience.

Facilities across the country still lack the basics. Around 35 percent of rural health centres regularly operate without electricity. Many have no running water or consistent drug supply. Only 59 percent of health facilities can provide basic general services. Meanwhile, health insurance coverage

remains under 3 percent, leaving millions of youths to pay for care out of pocket. And every year, about 20 percent of health funds go unspent, held up by inefficiency or failure to implement planned activities.

YOUTH REALITIES. YES, “THE MONEY HAS COME” BUT WHERE DOES IT LAND?

Yes, the money has come. But for many young people across Uganda, the question remains, where does it actually land? Does it reach the girl in Kasese walking five kilometres to a health centre that has no power? Does it help the student in Mbale who can't afford painkillers, let alone a counselling session? Does it touch the boda rider in Wakiso who has to choose between buying asthma medicine and feeding his child?

As young people, we are not just watching from the sidelines, we are living the consequences of underfunded and unevenly delivered healthcare. Teenage pregnancy continues to rise, yet many young girls have nowhere safe to go for information or support. Mental health struggles are growing, especially after COVID-19, but there are hardly any services tailored to our age group, our language, or our experiences. Boys are being left out of reproductive health education altogether, and stigma follows anyone who tries to access it.

We have normalized turning to WhatsApp, Twitter, and community fundraisers to raise money for urgent medical procedures, from surgeries to cancer treatments. We've seen young athletes, creators, and classmates go online begging for help, not because they didn't try, but because the system wasn't there for them. This is not resilience. This is abandonment disguised as silence.

In rural areas, where most of Uganda's youth still live, the story is worse. Health centres lack basics electricity, water, trained staff, and stocked pharmacies. Some operate one or two days a week. Others are just buildings with no health workers inside. When a young person gets sick, they often have to choose between borrowing money, using herbs, or waiting and hoping.

And yet, 20 percent of health funds go unspent. Not because there's no need, but because the system is stuck in paperwork, in politics, in poor planning. Yes, the money has come but will it ever reach us?

WHAT NEEDS TO CHANGE?

At Hopestone Insight Uganda, we believe that youth health must be recognized as a central pillar of national development. We cannot continue to be an afterthought in planning and budgeting cycles. Our country cannot grow if its youngest citizens are sick, struggling, or shut out of care.

Our mission is to transform health systems by promoting equitable, cost-effective, and sustainable solutions that empower communities to thrive. We use evidence from health economics to show that prevention, not reaction, is the smartest investment. We amplify community voices through storytelling, arts, and media because people are more than numbers. And we build partnerships around local ownership because change only lasts when communities are in control of it.

We see the FY2025/26 budget as a starting point, not a solution. We want to see more deliberate efforts to fund youth-friendly services, expand reproductive health care, and put power into local clinics. These investments are not just about health; they are about justice.

Our message to policymakers is simple. If you want to “monetize the economy” and build a prosperous Uganda, then invest in the people who will carry it. That begins with health, and that health must include youth.

OUR CALL TO ACTION

- Spend smarter by focusing on prevention. Let's stop the cycle of reacting to crisis after crisis. Fund school-based health education, HIV prevention, contraception access, and mental health support.
- Fast track the approval of Uganda's National Health Insurance Scheme (NHIS) and make it work for the youth. No young person should die because they can't pay. Insurance coverage must include students, informal workers, young people with chronic illness and that young person in the deepest rural village of Nakapelimoru in Kotido district.
- Make sexual and reproductive health services work for us. We need clinics that are confidential, respectful, and stocked. SRHR should not be controversial. It should be comprehensive.

- Fix the health centres we actually use. Give them power, staff, medicine, and internet. If rural clinics function, the whole country benefits.
- Ensure transparency and use the funds appropriately. If health funds are allocated but not spent, lives are lost. We need timely, public reporting at both national and district levels.
- Let youth shape the future of health. Youth are already designing health apps, running health podcasts, and building data tools. Involve us in national plans. Young people already have ideas. We just need support.

CONCLUSION

We are not just asking for more money. We are calling for intentional, inclusive, and strong accountability of the budget. This year's budget must be more than numbers. It must be felt. It must be seen in the lives of young people who walk into a clinic and actually receive care. It must be heard in the voices of students, boda riders, artists, and farmers who know what health means in their own communities.

Hopestone Insight Uganda stands with every young Ugandan ready to speak up and speak out. Let's ask questions. Let's track the promises. Track the budget. Let's demand for value for money. And most of all, let's work together to build a health system that recognizes us not as statistics, but as citizens.

“Health is not a handout. It's our right.”