

We can no longer afford to ignore emergency care

On the evening of March 22 2020, I received a call that would change my life forever. I was at a conference hundreds of kilometres from home when my brother called. His voice carried urgency and fear. He intimated that our eldest brother had been involved in a road traffic crash in Omoro District in northern Uganda. He was unconscious and rushed to a nearby clinic. I was already in doctor mode, desperately trying to help from a distance.

I inquired what care he had received, and the answer was devastatingly simple: he'd been offered a bottle of normal saline. Despite urgent pleas and advice to transfer him to a facility with brain imaging and neurosurgical capacity, it took more than four hours to reach the nearest regional referral hospital. At 1am, my brother died without a CT scan and without timely basic emergency interventions that could have saved his life.

While this story is deeply personal, it is not unique. It is a reality faced by far too many families in Uganda. And the truth is sobering: any one of us could find ourselves in the same situation when every minute counts. This is not because medicine lacks solutions, but because underdeveloped and fragmented emergency care systems fail to deliver care in time.

The consequences of this are devastating: a predominantly young population left with disability, limbs lost, families stripped of their breadwinners, and households struggling to afford basic needs such as food and school fees for their children.

Trauma continues to violently claim lives across the country. According to the 2025 National Health Sector Performance Report, trauma is the third leading cause of in-hospital deaths in Uganda, with road traffic crashes responsible for more than half of all injury related fatalities.

Beyond trauma, the Covid-19 pandemic and Uganda's recurrent Ebola and other in-

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fectious disease outbreaks have laid bare the urgent need for a functional, well-coordinated, responsive, and resilient emergency care system. These crises remind us of a critical reality: emergency systems fail at their weakest point, particularly when the workforce is inadequately trained, ill-equipped, and over-stretched. During such events, hospitals experience sudden surges of critically ill patients, exposing persistent gaps in coordinated emergency response, infection prevention and control, staff protection, and psychological support.

Emergency departments are often described as the "front door" of the hospital. Every day, across Uganda, emergency care providers stand between life and death. They transport and receive victims of road traffic crashes, mothers in critical condition, children with severe infections, and patients caught in public health emergencies. Yet this door remains chaotic, understaffed, or unsafe, faltering the entire health system.

Uganda has taken important strides, including establishing the Department of Emergency Medical Services (EMS) at the Ministry of Health, strengthening ambulance services, and launching specialised training for emergency care providers. These are commendable milestones, yet the reality on the ground tells a story of a system still struggling to meet immense demand. Many facilities lack functional emer-

gency units. Where they exist, they are frequently overcrowded, chaotic, and understaffed by providers without specialised training, leading to delays, burnout, and poor patient outcomes.

We could take lessons from our immediate neighbour, Tanzania, which has invested robustly in building prehospital care through its village emergency care model to strengthen community response and in-hospital care.

To build a responsive, safe, and functional EMS system, we must move beyond rhetoric because it's not just a luxury but rather a necessity. We must focus our concerted efforts to achieve the following;

Prioritising investment in essential equipment, medicines, and supplies is critical to ensuring health workers across public facilities are fully equipped to manage acute illnesses and injuries. This will help guarantee that emergency units remain safe, functional, and capable of saving lives.

Expanding the training and deployment of emergency care providers is important. This includes upskilling the existing workforce through innovative approaches such as virtual learning platforms like the EMS ECHO programme. These sessions, facilitated by Seed Global Health and the Ministry of Health, expand access to specialist support in remote areas and help ensure patients receive better emergency care closer to where they live. Everyone has a role to play in making our roads safer. Slow down. Wear a seatbelt. Use a helmet. When driving, put the phone away. Never drive under the influence of alcohol or drugs. Respecting road safety rules is one of the simplest yet most powerful ways to prevent crashes and reduce the burden on emergency services. Safe and functional emergency care saves lives. The time to strengthen it deliberately and urgently is now. No family should lose a loved one because help came too late, or not at all. Uganda has the opportunity and the responsibility to build an emergency care system that responds when it matters most.

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