

EDITORIAL

Take interest in the DRC health system

It speaks volumes about the relationship that Kampala and Kinshasa currently share that President Felix Tshisekedi last week prioritised attending President Museveni's swearing-in ceremony before dashing to Nairobi, Kenya, for what was left of the Africa-France Summit.

While the two are not quite joined at the hip, the presidents of the two countries continue to establish common ground. It is in everyone's best interests that the aforementioned status quo be maintained. The Democratic Republic of the Congo (DRC) is Uganda's largest African trading partner, with total bilateral trade nearing \$1 billion annually. The demand for Ugandan manufactured goods has proved to be foundational in the trading relationship, with Uganda exporting \$478m (about Shs1.8 trillion) worth of goods to the DRC in 2024. While shenanigans orchestrated by individuals on Congolese soil in the past have condemned Uganda to paying hefty war reparations—set to reach \$325m (about Shs1.2 trillion) when the latest payment ring-fenced in the 2026/2027 National Budget is made—there is a lot to indicate that fences have been mended. This is reassuring. For a long time, the repair job has almost entirely been viewed through the lens of joint military operations, as well as infrastructure projects between the two countries. And the importance of both cannot be understated. Yet, as the latest Ebola outbreak demonstrates, the health component cannot continue to take a back seat. Handled gingerly, as has traditionally been the practice, the component in question has the potential to inflict some telling damage on the purses of both Kampala and Kinshasa.

The issue:

DRC health system

Our view:

... as the current Ebola outbreak shows, when the DRC sneezes, Uganda catches a cold

As indeed appears to be the case after the World Health Organisation (WHO) declared the latest outbreak—which has bound Uganda with the DRC—a public health emergency of international concern. The Bundibugyo strain, which is fuelling the latest outbreak after having only been twice previously detected, has gained notoriety for having no approved vaccines, treatments or specific tests. The WHO made clear yesterday that it is “deeply concerned” about the scale and the speed of the outbreak in the DRC where suspected deaths have already breached the 100 mark. And while the death toll in Uganda still stands at one, the WHO has described as “troubling” the spread of the strain in urban areas like Kampala, where hundreds of medical workers are in quarantine, having come into contact with the index case. We applaud State actors in Uganda for moving swiftly to pull the plug on public gatherings that can easily morph into super spreader events. It is our hope that residents in Uganda will not second-guess counsel from the epidemiologists.

As previously mentioned, since the Bundibugyo strain is atypical and has no known vaccines, it can pack quite the punch. Just as worrying is the fact that the eastern DRC, whose borderline hugs Uganda, possesses a healthcare system that has kept bursting at the seams.

While the existence of war and absence of infrastructures in the eastern DRC are contributory factors to the collapse of the country's healthcare system, the health component ought to be treated as a standalone. It could perhaps, dare we say, be one of the things in the restive area that Kampala maintains a vested interest in. This is because, as the current Ebola outbreak shows, when the DRC sneezes, Uganda catches a cold. Such is the relationship that the two countries have.

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