

When global forces affect access to healthcare

Many times, when we speak about Uganda's health sector, we focus on the visible pressures: the high doctor-to-patient ratios, poor remuneration of clinicians, the too-few health facilities, and the long distances ordinary people must walk to reach care. We have heard the stories of mothers giving birth under torchlight, and we have rightly blamed the under-facilitation of health centres that cannot keep the lights on. These are the familiar failures, the local ones, the ones we talk about in our *kimeeza*.

But recently, as I looked through my mother's itemised hospital bill, I noticed something else: saline water, syringes, cannulas. Small items. Ordinary items, even. Some costing less than Shs5,000.

Yet those three lines on a bill reveal a much bigger reality. Public health is not only about hospitals, health workers, and distance. It is also about supply chains, foreign exchange, fuel, imports, and distant wars. Some of the challenges we

A woman may walk kilometres to a health facility. She may even find a doctor there. But if medical sundries, laboratory supplies, power backup, or fuel for the generator are unavailable, then access has still failed. The distance to care is no longer only geographical. It is also economic, geopolitical, and shaped by global forces far beyond the facility itself.

This is the part of public health we do not always name clearly enough: the part shaped by the dollar, by shipping routes, import costs, freight charges, fuel prices, and instability far beyond our borders. Strangely, it is also the part we seldom factor into our five-year strategic plans and hardly ever translate into monitoring and evaluation indicators. Yet these forces determine whether a health facility has power, whether supplies arrive on time, and whether care remains within reach. What we do not plan for, and do not measure, we cannot manage, and this leaves the health system exposed to shocks we can neither anticipate nor respond to in time.

A conflict in the Middle East and the closure of the Strait of Hormuz may sound distant, but they raise the cost of supplies and disrupt the flow of medical commodities. A stronger dollar and shipping delays impact the cost of care. Suddenly, what looked like a foreign affairs story becomes a maternity ward story of delayed care and anxious mothers, a surgery story of postponed procedures and a laboratory story of missing reagents, interrupted tests, and delayed results.

Then there is the question of food. Health is made at home and repaired in the hospital. When global politics raise the cost of fuel and fertilizer, they also raise the cost of food production and transport. The resulting inflation erodes nutrition, weakens health outcomes, and forces households into impossible choices between treatment and a meal. In that sense, the political economy of public health sits not only in hospitals, but also in markets, kitchens, and boda boda fares.

What this moment is exposing is that public health is far more entangled with the world than we sometimes care to admit. It is shaped not only in ministries, hospitals, and communities, but also in ports, oil routes, currency markets, and conflict zones. When these systems break, health breaks with them. The items on a hospital bill are not just items. They show that the health of ordinary Ugandans depends on systems far beyond the ward.

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Healthcare

mention first are local and, at least in theory, can be improved through domestic political will, better planning, and stronger administration. We have seen how quickly order can be restored when local authorities choose to act. An enforcement action by Kampala Capital City Authority (KCCA) moved vendors off the streets and back into gazetted spaces. But the latter, saline water, syringes, cannulas, gloves, test kits, reagents, and the diesel that powers a generator during an outage, belong to another layer of reality. They belong to the political economy of public health.

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The Editor welcomes 450-word comments on topical issues. Preference