



Why nodding syndrome remains a silent killer in Pader

More than two decades after the first cases were reported in northern Uganda, nodding syndrome continues to cast a long shadow over Pader District. While no new infections are being recorded, families are still losing children, often before reaching medical care, exposing gaps in access, reporting, and long-term treatment.

BY GEOFFREY OYET OKWERA

Agnes Laker faced relentless hardship in her effort to keep one of her sons alive after he was diagnosed with nodding syndrome in Pader District, Northern Uganda.

Despite her limited resources, emotional strain, and the heavy burden of caregiving, she remained determined to protect her child from the devastating neurological condition.

Laker dedicated herself to caring for her son every day. She monitored his seizures, fed him when he could no longer eat independently, and safeguarded him from injuries during his frequent nodding episodes. Her home became both a shelter and a clinic, as she managed her son's illness with little external support.

The disease not only threatened her son's life but also imposed immense psychological and financial stress on the entire family.

She recalls a heartbreaking moment when her son's condition suddenly worsened, prompting her to rush him to Angagura Health Centre III in Pader District. Despite her determination, he passed away before they could reach the facility.

Her experience reflects the painful reality many families in the community face, where caregivers often must travel long distances to access medi-

cal services. Many children continue to suffer from irreversible neurological damage, underscoring the lasting impact of nodding syndrome.

Deaths beyond health facilities

Laker's story reflects the struggles faced by families across northern Uganda who continue to deal with the long-term effects of nodding syndrome. While the large-scale outbreak of the early 2000s has been largely contained, the condition is still prevalent in affected communities.

Dr Charles Omara, a clinician at Angagura Health Centre III, confirms that some patients die within their communities before they can access medical care. He highlights that limited access to anti-epileptic medications and supportive treatments complicates the management of the disease.

"We have reached out to Gulu Regional Referral Hospital to strengthen the supply of essential medicines. Increased availability should help improve outcomes for these children," he states.

Delayed medical assistance

Information provided by Godfrey Ochaka, the executive director of Pimar Charity Foundation Uganda (PIC-FUG), indicates that at least four children have died from nodding syn-

By the end of the last financial year in June 2025, Pader District had recorded a total of 1,359 cases of nodding syndrome, including 562 severe cases. PHOTOS/ FILE