

Accelerating maternal, newborn, and child health in Uganda



Stronger collaboration, greater accountability

Uganda has made remarkable progress, yet approximately eight mothers and 215 children under five still die every day. Bold leadership and sustained investment are urgently needed to end these preventable deaths.

Over the past two decades, Uganda has cut maternal and child deaths by nearly two-thirds and significantly reduced neonatal mortality thanks to strong political will and smart investments in essential health services for mothers and children. However, far too many mothers, newborns, and children in Uganda still die every day from preventable causes.

Children born in Uganda today are still ten times more likely to die before their fifth birthday than children born in high-income countries. A young woman in Uganda's risk of dying during or shortly after childbirth is still almost 50 times higher than that of her peers in high-income countries. These challenges persist due to limited access to skilled birth attendants, essential medicines, and quality health care, and they are made worse by emerging infectious disease threats—like the Ebola and Marburg viruses—

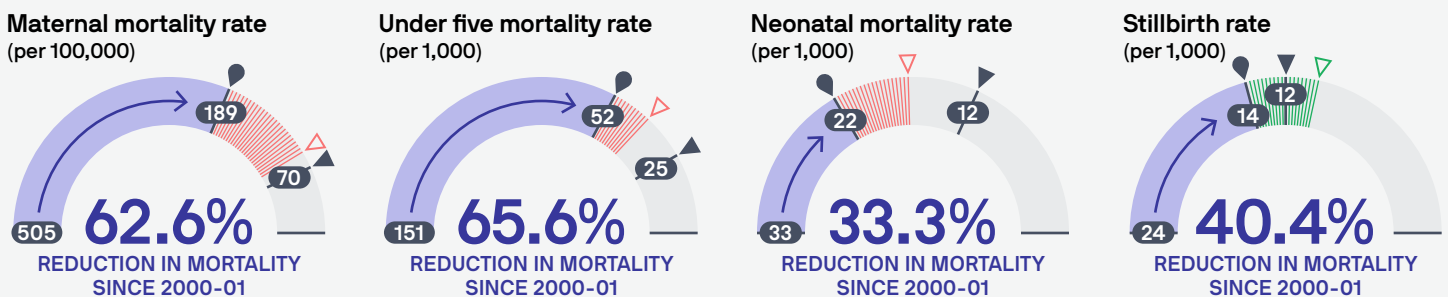
and the impacts of climate change, which can further restrict access to lifesaving care.

These disparities are not inevitable. Uganda has achieved significant progress and remains committed to improving health outcomes for women and children. But with just five years to go, Uganda is off track to meet its commitment to the Sustainable Development Goal (SDG) 3 targets (see Figure 1).

As global health funding decreases, protecting decades of progress and continuing to build toward a healthier future will require tackling persistent bottlenecks, strengthening civil society advocacy, and coordinating leadership across sectors. What is needed now is bold, sustained political will to ensure every mother, newborn, and child survives and thrives.

FIGURE 1. Tracking Uganda's lifesaving commitment to mothers and children.

Over the last 25 years, Uganda has made remarkable progress in reducing preventable maternal and child deaths.



- ◆ 2022 mortality
- ▽ 2030 projected mortality
- ▼ SDG 2030 goal

Note: Child under-five and neonatal mortality numbers for both years are sourced from the 2022 UDHS. Maternal mortality figures are sourced from the 2000-01 UDHS and the 2022 UDHS. As the UDHS does not report on stillbirth rates, the stillbirth points are sourced from the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Percentage changed and 2030 projections are calculations run by PATH (see Appendix) based on the data included in the UDHS and UN IGME sources used.

The landscape: Regional and socioeconomic health disparities persist for women and children in Uganda

Health policy reforms, infrastructure expansion, and targeted programs—including efforts to address financial barriers—have significantly improved access to maternal, newborn, and child health (MNCH) services. Ninety-nine percent of women giving birth access antenatal care at least once during their pregnancies, and more than 8 in 10 women deliver in a health facility and receive assistance during childbirth from a skilled provider.

However, important gaps remain. The percentage of women receiving the recommended four or more antenatal visits has declined since 2016. Stillbirths, which are often preventable with quality antenatal and delivery care, are not currently being systematically tracked, creating a critical blind spot in measuring impact and progress. Teen pregnancy rates have also remained stubbornly high at 23.5 percent over the past decade, with very young mothers facing higher risks of complications for themselves and their newborns, as well as long-term socioeconomic disadvantage. Although access to care before and during childbirth has improved, postnatal care within the first 48 hours, when mothers and newborns are most vulnerable, remains inadequate. Fewer than two-thirds receive a postnatal check within two days, and in some regions, coverage falls as low as 42 percent. Without timely follow-up, preventable maternal complications like sepsis or postpartum hemorrhage and neonatal complications like infections or difficulty breathing may go undetected, contributing to continued preventable maternal and newborn deaths.

Further, survival is too often shaped by where the mother or child lives. According to the Uganda Demographic and Health Survey (UDHS) 2022, mortality rates for children under five vary widely across regions, underscoring geographic, infrastructure, and socioeconomic challenges. While Teso reported some of the lowest under-five mortality rates



PATH/Will Boase

Nakalema Annet Doreen, a midwife, conducts general health checks for expectant mothers at the maternity clinic in Mpigi Health Centre IV in Mpigi Town, Uganda.

(31 deaths per 1,000 live births) and neonatal mortality rates (14 deaths per 1,000 live births) in the country—on track to surpass the SDG targets by 2030—the risks are much higher in West Nile, which reported the highest mortality rates at 80 under-five deaths and 34 neonatal deaths per 1,000 live births. Disparities are equally evident in maternal health. Over 97 percent of women with more than secondary education delivered with a skilled provider, compared with just 81 percent of those with no education. Bridging these gaps is essential to achieving equitable improvements in maternal and child health.

FIGURE 2. At a glance: Maternal, newborn, and child health care indicators in Uganda.

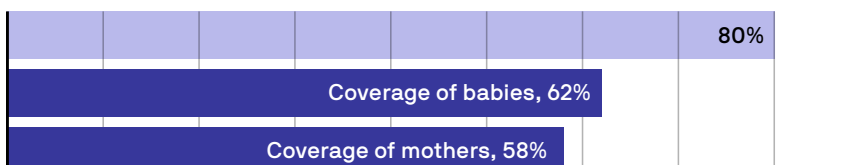
Births attended by skilled health personnel



Pregnant women having four or more antenatal care visit days



New mothers/babies receiving postnatal care within two days



The challenge: Implementation, funding, and coordination constraints weaken impact

Uganda's progress is fragile, as preventable maternal and child deaths continue to pose an urgent, often overlooked crisis. While solutions are well known and within reach,

their realization requires sustained political will, increased investment, and stronger accountability across all levels of the health system. Key challenges include:



Policy implementation

Uganda has adopted strong policies—including the National Health Policy; the Reproductive Health Guidelines; the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Sharpened Plan; and the anticipated National Health Policy II—that have improved service quality, prioritized high-impact interventions, and integrated innovative approaches like results-based financing to strengthen staffing and commodity procurement. However, implementation remains uneven with persistent funding and workforce shortages, weak community engagement, and inadequate data and monitoring hindering progress, especially at the district level.



Financing

Uganda has demonstrated political commitment to primary health care as the foundation for MNCH, but financing shortfalls persist. The health sector's share of the 2025/2026 national budget grew to 8.1 percent, nearly double the previous year. Yet it remains significantly below the 15 percent Abuja Declaration target. Out-of-pocket costs make up nearly 35 percent of health spending, with lack of money the main reason women cited for not seeking care in 2022. Dramatic reductions in global development assistance for health in 2025 and beyond highlight the urgency of sustainable MNCH financing.



Multistakeholder coordination

Uganda's multistakeholder platforms that influence reproductive, maternal, newborn, child, and adolescent health—including the Health Sector Development Plan, the RMNCAH Technical Working Group, and district-level coordination committees—have strengthened partner alignment and encouraged data-driven solutions. However, inconsistent collaboration, limited inclusivity, and weak community engagement reduce their effectiveness, risking weakening accountability and reducing the relevance of interventions for those most in need.

The call to action: Deliver impact through coordinated leadership, investment, and evidence-based action

With strong policy foundations and proven interventions, Uganda has a powerful opportunity to safeguard decades of progress, close gaps, and ensure that every mother and child survives and thrives. Investing in MNCH yields high returns—not only by saving lives and reducing long-term health costs, but also by strengthening families, boosting productivity, and advancing national development. To realize this opportunity, policymakers, funders, and advocates each play a critical role to drive progress for mothers and children.

Policymakers—Executive/Parliament

- **Strengthen and sustain political will.** Renew and maintain high-level political commitment to MNCH by fully financing and implementing costed RMNCAH Sharpened Plan and the Maternal and Newborn Health Acceleration Plan. Domesticating relevant global commitments, including the World Health Assembly MNCH Resolution, and uphold key national commitments.

- **Strengthen data-driven accountability.** Align multistakeholder efforts around national priorities using robust, timely data to track progress, ensure accountability, achieve milestones, and address gaps identified in the national plans. Improve measurement systems to ensure critical indicators are not going unmonitored.
- **Invest in stronger MNCH systems.** Increase and diversify investment in MNCH by mobilizing domestic resources, ensuring resources reach primary health care facilities, leveraging innovative financing, and partnering with the private sector for impact and sustainability. Meet Abuja Declaration commitment to allocate at least 15 percent of the national budget to health and ensure that these resources reach the frontline. Prioritize funding for essential MNCH commodities and the health workforce needed to deliver quality care.

- **Expand access to quality, equitable care.** Strengthen and scale up proven interventions such as emergency obstetric care, skilled birth attendance, and postnatal care, especially in underserved regions. Enhance community-based MNCH initiatives, particularly targeting individuals with disabilities, adolescents, and marginalized populations. Improve collaboration with civil society, professional associations, and other stakeholders such as parents and women to ensure solutions and impact are aligned with local priorities.

Funders

- **Increase and sustain funding for scalable MNCH solutions.** Commit to funding the continuum of MNCH care—including prenatal, postnatal, and emergency obstetric care—while supporting health systems strengthening needs, such as workforce training, supply chains, and infrastructure. Prioritize innovative, scalable approaches and align support with government-identified priorities for greater sustainability and impact.
- **Support locally led solutions.** Direct funding to local organizations, frontline health workers, and community-based interventions, such as midwifery programs, that are best positioned to understand and address community needs.

- **Invest in advocacy.** Build the capacity of civil society, youth, and women-led groups to advocate for increased domestic funding, policy implementation, and accountability for MNCH. Fund advocacy to push for stronger policies, increased funding, and universal health coverage, and influence policy agendas to ensure MNCH remains a top priority.

Advocates

- **Drive accountability.** Hold the government accountable to its MNCH commitments—particularly under the Maternal and Newborn Health Acceleration Plan and the RMNCAH Sharpened Plan—by leveraging existing tools and instruments.
- **Strengthen alignment through collaboration and evidence.** Partner with government, civil society organizations, donors, and the private sector to align efforts and maximize impact. Use data and research to push for evidence-based policies and targeted MNCH investments.
- **Elevate community voices.** Champion the leadership and participation of women, parents, and communities in decision-making, demonstrating demand for quality MNCH services that reflect local priorities.

Acknowledgements

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Endnote

Daily estimated deaths, mortality rate reduction, risk comparisons against high-income countries, and 2030 projections were calculated by PATH

based on publicly available, official data sources; for full methodology, see [Appendix: Metrics and calculations for MNCH advocacy briefs](#) (Excel spreadsheet).

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