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## **WENDA COUNCIL POLICY BRIEF: STRENGTHENING HEALTH SYSTEMS IN THE WEST NILE REGION: THE ARUA SUMMIT RESOLUTION 3<sup>RD</sup> OCTOBER 2025**

### **Executive Summary**

The West Nile Region, comprising 12 districts, 1 city, and 2 municipalities, faces significant health systems challenges exacerbated by its geographic isolation, high refugee population, poverty, and epidemic-prone environment. With a total of 320 health facilities and a regional staffing level of only 26.8%, the sector is under-resourced and overburdened. Funding for health supplies averages UGX 3,723 per capita, far below needs for a population hosting 80% of Uganda's refugees and bordering underdeveloped health systems in South Sudan and the Democratic Republic of Congo (DRC).

This policy brief, prepared for the West Nile Development Agency (WENDA) Council, outlines key challenges, leverages constitutional provisions for inter-district cooperation (Article 178), and proposes prioritized investments in infrastructure, human resources, and resilience-building. Recommendations include upgrading key facilities, enhancing staffing, and fostering regional partnerships to achieve sustainable health development. Immediate action could improve health outcomes, reduce epidemic risks, and support economic growth.

### **Background and Context**

The West Nile Region, located over 500 km northwest of Kampala, is characterized by diverse cultures, friendly communities, and strategic borders with South Sudan and the DRC. It hosts approximately 80% of Uganda's refugees, making it the third-largest populated region but the second-poorest, with a young population exhibiting declining functional literacy and low primary education completion rates. The region is prone to communicable diseases, neglected tropical diseases (NTDs), zoonotic diseases, and epidemics, compounded by poor transport infrastructure, high substance use, limited electricity coverage, and biomass dependency.

Health is defined as a state of complete physical, mental, and social well-being (WHO, 1948), while health systems encompass institutions and actions aimed at promoting health. Sustainable development in this context requires improvements in living conditions that meet current needs without compromising future generations. The region's health context includes underdeveloped bordering health systems, high rates of land sales to foreigners, and environmental vulnerabilities.

## Key Challenges in the Health Sector:

### 1. Distribution and Infrastructure of Health Facilities

The region has 320 health facilities across 147 sub-counties/town councils and 24 counties. Facilities are unevenly distributed, with Yumbe having the highest (47) and Arua the lowest (11). Regional Referral Hospitals (RRHs) are limited to two (in Arua City and Yumbe), while nine local governments (LGs) lack general hospitals.

#### Distribution of Health Facilities By Level of Care

Local Government	Number of Sub-counties/TCs	No. of counties	No. of HCIIIs	No. of HCIIIs	No. of HCIVs	No. General Hospitals	No. of RRHs	Total HFs
Arua City	NA	2	2	14	2	3	1	22
Arua	4	1	3	6	1	1	0	11
Madi Okollo	12	2	7	13	1	0	0	21
Maracha	19	2	2	15	1	1	0	19
Nebbi	16	2	11	12	1	2	0	26
Pakwach	10	1	11	7	1	0	0	19
Terego	7	1	12	13	1	1	0	27
Zombo	15	2	7	10	1	1	0	19
Adjumani	11	2	27	16	1	1	0	45
Koboko	11	3	0	17	0	1	0	18
Moyo	10	1	15	12	1	1	0	29
Obongi	6	1	10	6	1	0	0	17
Yumbe	26	4	15	28	3	0	1	47
<b>Total</b>	<b>147</b>	<b>24</b>	<b>122</b>	<b>169</b>	<b>15</b>	<b>12</b>	<b>2</b>	<b>320</b>

### 2. Human Resources and Management

Health management teams are understaffed, with only 6 District Health Officers (DHOs)/City Health Officers (CHOs) across 13 LGs. Total managers number 76, with gaps in roles like Assistant DHO for Maternal and Child Health (ADHO MCH) and Environmental Health (ADHO EH).

## Distribution of Health Managers By Local Government

Local Government	DHO/CHO	ADHO MCH	ADHO EH	SHE	SEHO	Biostat	DCCT	AIMO	Total
Arua City	1	1	0	1	1	1	1	0	6
Arua	0	1	0	0	1	1	1	1	5
Madi Okollo	0	0	0	0	0	1	1	0	2
Maracha	1	1	1	1	1	1	1	1	8
Nebbi	0	0	1	0	1	1	1	1	5
Pakwach	1	0	0	0	0	1	1	1	4
Terego	0	1	0	0	1	1	1	1	5
Zombo	0	0	0	1	1	1	0	1	4
Adjumani	1	1	1	1	0	1	1	1	7
Koboko	0	0	0	1	0	1	1	1	4
Moyo	1	1	1	1	1	1	1	1	8
Obongi	1	1	1	1	0	1	1	1	7
Yumbe	0	0	1	1	1	1	1	1	6
<b>Total</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>13</b>	<b>12</b>	<b>11</b>	

### 3. Staffing in Health facilities across the region

Staffing in government facilities stands at 26.8% of approved norms, with Yumbe at a critically low 13.9%.

#### Health Staffing Level in Government Facilities by September 2024

District	Total Approved New Norm	Filled Positions	% age of filled positions
Adjumani	1430	580	40.6
Arua	344	134	38.9
Arua City	618	205	33.2
Koboko	1223	293	23.9
Madi-Okollo	1031	168	16.3
Maracha	946	299	31.6
Moyo	1147	474	41.3
Nebbi	1301	371	28.5
Obongi	1010	210	20.8
Pakwach	543	192	35.4
Terego	776	222	28.6
Yumbe	2785	387	13.9
Zombo	790	206	26.1
<b>West Nile</b>	<b>13,944</b>	<b>3,741</b>	<b>26.8</b>

#### 4. Funding and Resource Allocation

Total funding for health supplies is UGX 16,320,640,218, with per capita expenditure varying widely (e.g., Moyo at UGX 13,300 vs. Arua at UGX 1,259). This reflects inequalities and insufficient resources for epidemic response and refugee health needs.

##### Health Sector Funding to LG Health Offices and Supplies

Local Govt.	PCH Funds for Health Office	Funds for Health Supplies	Total Population	Per capita expenditure on Health supplies
Adjumani	122,379,672	1,800,338,966	480,000	3,751
Arua	47,433,854	520,387,781	159,722	1,259
Arua City	60,755,941	2,279,333,358	413,300	6,966
Koboko	61,875,505	1,607,881,869	277,940	5,785
Madi-Okollo	56,054,333	637,947,715	241,376	2,643
Maracha	59,318,718	1,217,417,067	234,712	5,187
Moyo	52,672,330	1,459,703,312	109,752	13,300
Nebbi	58,031,070	1,707,375,053	314,100	5,436
Obongi	72,937,800	597,194,407	142,983	4,177
Pakwach	60,633,367	528,611,821	206,961	2,554
Terego	75,357,451	969,911,936	465,958	2,082

Yumbe	170,272,053	2,055,147,101	1,023,781	2,007
Zombo	65,889,164	939,389,832	312,613	3,005
<b>West Nile</b>	<b>NA</b>	<b>16,320,640,218</b>	<b>4,383,198</b>	<b>3,723</b>

**Legal Basis for Regional Cooperation**

Under Uganda's 1995 Constitution, Articles 176-178 enable districts to form councils for cooperation in areas like health, education, and infrastructure. The Fifth Schedule specifies health as a key area, allowing for bodies corporate like WENDA Council to address shared challenges, with provisions for withdrawal.

**Opportunities for Health Systems Development**

- Enabling legal framework and government funding commitments.
- Two RRHs and partnerships with development/implementing organizations.
- Large population base, including refugees and border communities, for service utilization.
- Academic institutions like Muni University for training and research.
- Robust private sector for supplies and technologies.

**Investment Priorities for Resilient Health Systems**

To build resilience, prioritize:

- Universal education and functional literacy.
- Food production, safety, and nutrition.
- Safe water and sustainable sanitation.
- Energy for health technologies and innovations.
- Environmental protection.
- Transport infrastructure.
- Poverty-reducing economic growth.
- Formalized international trade and partnerships.
- Law enforcement and policy review.

**Proposed Policy Recommendations**

WENDA Council should advocate for:

- Upgrading Arua RRH to national hospital status and Nebbi General Hospital to RRH.
- Constructing general hospitals in 9 underserved LGs.
- Upgrading HC IIIs to IVs in constituencies without them, HC IIs to IIIs in lower LGs, and building new HC IIIs where they are absent.
- Enhancing facilities in hard-to-reach areas.

- Establishing a regional research laboratory, oxygen plant, waste incineration plant, and medicine stores and improving waste management.
- Connecting all facilities to electricity/solar.
- Reducing internet costs for health facilities.

Implementation should involve pooled resources under Article 178, partnerships with private sectors and donors, and monitoring via regional indicators. This will foster sustainable development, epidemic preparedness, and improved quality of life.

### **Conclusion**

The West Nile Region's health challenges demand coordinated action through WENDA Council to leverage opportunities and address inequities. By prioritizing infrastructure upgrades, staffing improvements, and cross-border collaborations, the region can achieve resilient health systems that support broader development goals. Urgent advocacy with national government and partners is recommended to secure funding and enact these priorities by FY 2026/27.