STRENGTHENING EMERGENCY PREPAREDNESS WITH MANDATORY FIRST AID TRAINING IN UGANDA

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Executive Summary

Uganda continues to face high rates of preventable deaths and severe injuries, with road traffic accidents as the leading cause of hospital admissions and fatalities. The 2023/2024 Uganda Health Sector Performance Report shows that weak pre-hospital care, very few advanced ambulances, and low first aid knowledge among citizens have placed enormous strain on the health system. Most ambulances are concentrated in urban areas, leaving rural communities at greater risk, while the lack of widespread first aid skills mean victims often miss the critical golden hour when timely care can save lives.

This policy brief recommends a national strategy for mandatory first aid training to empower citizens as immediate responders. The approach includes integrating first aid into school curricula, requiring certification for driving licenses, strengthening workplace safety standards, and creating a National First Aid Training Fund for sustainability. Learning from global best practices in Europe, Asia, and Africa, Uganda can build a culture of readiness that reduces fatalities, improves survival rates, lowers healthcare costs, and strengthens community resilience.

Introduction

Uganda is facing a growing crisis of preventable injuries and medical emergencies, which now rival common diseases as leading causes of death (Kaawa-Mafigiri et al., 2021). Road traffic accidents are the most severe contributor, claiming thousands of lives and overwhelming hospitals every year (Ahmed et al., 2023). In 2024 alone, more than 25,000 crashes were recorded, resulting in over 25,000 injuries and 4,400 deaths (Rojek et al., 2024). These figures illustrate the scale of the problem and its deep impact on families, communities, and the country's development.

The challenge is worsened by Uganda's weak emergency care system. By 2023, the entire country had only four advanced ambulances, most stationed in Kampala (Opiro et al., 2024). Rural areas depend on ordinary vehicles or even police trucks to transport victims, often without trained medical staff. This not only delays treatment but also increases the risk of long-term disability or death. As a result, many patients miss the golden hour the critical first hour after an injury when rapid care could save lives (Newgard et al., 2015).

Other emergencies, including convulsions, drowning, fractures, shock, and gender-based violence injuries, further increase the burden. With little knowledge of basic first aid, most citizens are unable to act when such crises occur. This leaves hospitals to manage preventable complications, straining an already overstretched health system (Mahmoudjanlou et al., 2024).

The root of the problem is not only the shortage of ambulances or health workers but also the absence of a national program to equip citizens with first aid skills (Abdul-kadir, 2015). In countries where first aid training is mandatory in schools, workplaces, and driving license systems, survival rates are significantly higher because bystanders can intervene before professionals arrive (Okandeji-Barry, 2024). In Uganda, fear, lack of knowledge, and absence of legal protection often leave people powerless in emergencies. The outcome is needless deaths, higher healthcare costs, and growing inequality between urban and rural areas.

Uganda therefore needs a shift in approach. Expanding ambulances alone will not solve the problem; the country must empower its people to become first responders. Training citizens in basic life-saving skills would not only reduce deaths but also ease the burden on hospitals and strengthen community resilience in the face of emergencies.

Policy options

- Uganda has made some progress in strengthening emergency response and first aid, but current efforts remain fragmented and limited in scope. The Uganda Red Cross Society (URCS) runs voluntary first aid trainings at different levels, including refresher courses and road safety skills (Opiro et al., 2024). While these programs have helped some communities, they reach only a small portion of the population, rely heavily on donor funding, and lack consistent follow-up. As a result, the majority of Ugandans still lack basic first aid knowledge and cannot act effectively during emergencies. Recently, URCS also introduced a blended learning app to expand access, but challenges such as the cost of practical sessions and limited monitoring of long-term skills retention reduce its impact (Friedman, 2019).
- The Ministry of Health has introduced an Emergency Medical Services (EMS) policy and taken steps to standardize ambulances and improve call and dispatch systems (Ningwa et al., 2020). However, Uganda still faces a shortage of ambulances, poor distribution across regions, and low public awareness of emergency numbers. Rural areas in particular remain underserved, meaning many victims do not get timely help. These system-level reforms are important, but without community-based first aid, many emergencies go unmanaged before ambulances arrive.
- There have also been efforts to reintroduce first aid into school curricula. While the Ministry of Health has proposed restoring practical lessons, most schools currently offer only limited theoretical instruction, with little hands-on practice. This is partly due to a lack of resources and trained instructors. Reviving first aid education in schools will require a systematic framework that provides curriculum guidance, teacher training, and adequate resources.
- Overall, Uganda's current policies demonstrate political will but fall short in reach, sustainability, and enforcement. They tend to be voluntary, urban-focused, and unevenly implemented. This leaves gaps in citizen preparedness, particularly in rural areas where emergencies are most common and professional help is least available. These weaknesses highlight the urgent need for a mandatory, nationwide first aid training strategy that is integrated into schools, workplaces, and driving license systems, supported by clear standards, refresher training, and sustainable funding.

Recommendations

- Mandate first aid certification for driving licenses. Revise traffic laws so that all new and renewing drivers, including boda boda riders, must complete a certified first aid course. Uganda already has the Uganda Driver Licensing System and accredited trainers (e.g., Uganda Red Cross Society, St. John Ambulance) to deliver this training.
- Integrate practical first aid into the national curriculum. The Ministry of Education and Sports should embed standardized, age-appropriate first aid lessons in schools and universities. Since a national curriculum framework already exists, this would only require strengthening practical lessons and training teachers. The government should mandate first aid training in all learning institutions and provide resources to teachers.
- Strengthen workplace first aid regulations. Enforce the Occupational Safety and Health Act (2006) by requiring workplaces, especially in high-risk industries such as transport, construction, and manufacturing, to have certified first aiders and updated kits. Monitoring can be done through existing labour inspections.
- Launch a national public awareness campaign. Use radio, television, and social media to spread knowledge about first aid and emergency response. Uganda's strong culture of community radio makes this approach cost-effective and far-reaching, especially in rural areas.
- Create a national first aid training fund. Establish a fund supported by government allocations, donor contributions, and small levies on driving license fees or vehicle insurance. This model is already used in other health and road safety programs.

Conclusion

Uganda's weak emergency preparedness continues to cause preventable deaths and overwhelm families, communities, and the health system. A clear solution lies in adopting mandatory first aid training, which would shift the country from a reactive to a proactive response model. Training citizens as first responders would save lives, reduce complications, and ease pressure on hospitals, while fostering a culture of safety and resilience.

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